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.¹

☐ 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.²

☐ 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.³
  • 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.⁴

¹ Revised: 022116

Our mission is to improve health care access and 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 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.
  • 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 web site.\(^{vi}\)
  - 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.

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.
- 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.
- Supplemental Question Answers
  - 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). vii

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
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= Start Typing in your provider type and it will auto fill.

Note: Only the following provider types have the option to enroll as an OPR provider: Audiologist, Certified Registered Nurse Anesthetist, Dentist, Nurse Midwife, Nurse Practitioner, Optometrist, Orthodontist, Osteopath, Physician, Podiatrist, Psychologist PhD, Speech Therapist.

Provider Information:
- NPI
- 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
- 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

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

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**

**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**

**Click COPY – This will open a message – click OK**

![Message from webpage](image)
• 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

The provider addresses identify the location where a provider renders services, as well as locations that are used for billing and payment. At least one address must be selected as the primary address.

All Providers must enter a Service Location, Billing, and Mailing address.

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>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>Copy</td>
</tr>
<tr>
<td>Billing</td>
<td>12603 E 16TH AVE</td>
<td>AURORA</td>
<td>Colorado</td>
<td>Copy</td>
</tr>
<tr>
<td>Mailing</td>
<td>12345 GME OFFICE</td>
<td>AURORA</td>
<td>Colorado</td>
<td>Remove</td>
</tr>
</tbody>
</table>

You have reached the maximum number of addresses allowed for this list.

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 Effective Date
• Medical License Expiration Date
• Medical License State
• CLICK ADD
• Leave Medicare information blank
• Enter DEA if applicable, or leave blank

Click Continue
**Malpractice/General Liability Insurance** – GME will upload letters to the Resident’s Demographics in MedHub by July 1st (interns) and 15th (all others)

- Enter the Carrier Name
- Policy ID
- Effective Date
- Expiration Date
- **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

- Specialty
- Certification
- Effective Date
- End Date
- Certificate #

**Medicaid Participation**

- Most common answer is NO to all 4 questions

---

### Malpractice/General Liability Insurance

<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><strong>Carrier Name</strong></td>
<td>OBTAIN THROUGH GME</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Effective Date</strong></td>
<td>01/01/2016</td>
<td><strong>Policy ID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1234GME</td>
<td><strong>Expiration Date</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12/31/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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><strong>Specialty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Certificate #</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supplemental Questions**

**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 & 2, 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><strong>A. OWNERSHIP OR CONTROL INTEREST</strong></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><strong>B. SUBCONTRACTOR OWNERSHIP</strong></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><strong>C. INDIVIDUAL RELATIONSHIPS</strong></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><strong>D. MANAGING EMPLOYEES</strong></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><strong>E. BUSINESS RELATIONSHIPS</strong></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><strong>F. CONVICTIONS OF CRIMINAL OFFENSE</strong></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, Children’s 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 Completed W-9**
  - Select Browse, Navigate to the attachment, and select.
  - The attachment type is “other”
  - 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

#### Attachments

<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>File Transfer</td>
<td>ufp.pdf (120K)</td>
<td>Other</td>
<td>Remove</td>
</tr>
<tr>
<td>2</td>
<td>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

You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.

* I accept  

*Your Signature  

(Entering your name in the box to the right will constitute your electronic signature.)

Suffix

Submission Date  06/03/2016

Print the review

Submit

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

* Indicates a required field.
Form W-9

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
   • Individual/sole proprietor or single-member LLC
   • C Corporation
   • S Corporation
   • Partnership
   • Trust/estate
   • Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)
   Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
   Other (see instructions) ▶
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   • Exempt payee code (if any)
   • Exemption from FATCA reporting code (if any)
   (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.)
6 City, state, and ZIP code
7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶
Date ▶

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.
By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.