

Enrollment process for new in state hospitals wishing to participate in the Colorado Medicaid Program.

These instructions are provided in order to help expedite the enrollment process as efficiently as possible and to fully inform the applicant as to the required steps in advance. The enrollment of new in state hospitals can take up to four months.

The applying hospital cannot bill prior to the date that the hospital and the Department of Health Care Policy and Financing (the Department) have completed all steps of the enrollment and contracting process, and the hospital has been activated in the Medicaid Management Information System (MMIS), which processes and reimburses Medicaid hospital claims. Once activated, the provider may bill retroactively for Medicaid emergency services provided between the date of Medicare certification and the date of Medicaid approval. No other services will be reimbursed by Medicaid prior to the contract execution date.

First step: submitting Medicaid application to ACS, the Medicaid fiscal agent.

- The hospital may submit an application for participation in the Medicaid program only after:
 1. receiving approval for participation in the Medicare program;
 2. obtaining a CLIA certificate for the laboratory; and
 3. being licensed by Colorado Department of Public Health and Environment.
- The hospital's contact at the Department will be the Hospital Program Coordinator. Currently that position is held by:

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- The hospital obtains application documents and instructions on line by going to: [Provider Enrollment Application](#).
- The hospital must complete all steps of the application process as described in the enrollment documents found on line. For assistance with that process, the provider may contact ACS at 303-534-0109 and ask for Provider Enrollment. The Hospital Program Coordinator may also be contacted.
- The hospital will not need to apply separately to provide Medicaid supply services. Enrollment as a hospital will automatically allow the applicant to provide certain medical supplies.
- Colorado Medicaid does not require Joint Commission accreditation. However, if the hospital has accreditation, that information should be provided with the application.
- When the hospital has submitted the enrollment application, the hospital should request its cost-to-charge ratio from its Medicare intermediary. As soon as it is obtained, a copy of the letter from the intermediary should be provided to the Hospital Program Coordinator.

Second step: review of application by ACS and the Department

- The application packet will be checked to make sure all items are in place. The provider will be notified by ACS if any required information is missing. The application packet will then be sent to the Department's Hospital Program Coordinator. The Coordinator will review the packet and initiate the development of a contract with the Contracts and Purchasing Section of the Department.
- The hospital should communicate with the Hospital Program Coordinator in regard to the Department contract. The Coordinator can provide the hospital with a copy of the contract for review. From the contract, the hospital can study the insurance requirements for a hospital participating in the Colorado Medicaid program. The hospital should begin communicating with its insurer at this time to obtain documentation that these requirements are met. As soon as the hospital has this documentation, the hospital should provide it to the Department's Hospital Program Coordinator.

Third Step: completing the contract

- When the contract has been approved at the Department, the Department's Hospital Program Coordinator will send 3 copies of the contract to the hospital for signature. At this time the Hospital Program Coordinator will require the documentation of insurance coverage from the hospital.
- When all three copies of the contract have been signed by the authorized hospital signatories, the hospital must return all three copies to the Department.
- The hospital at this time must also submit full documentation for the authority granted to the hospital's signatories. This may be a charter, by-laws and/or other documents.
- When signatures are obtained by the Department on all three copies of the contract, the Hospital Program Coordinator will send a signed copy to the hospital, along with a letter informing the hospital of the procedures for submitting emergency services claims.
- At this time the inpatient and outpatient rate and outpatient cost-to-charge ratio will be loaded into the MMIS. The Hospital Program Coordinator will send a communication informing the provider about its rates.
- After receiving the communication about the rates, the hospital may submit claims for emergency services provided from the date of Medicare certification through the Medicaid approval, and for all hospital services provided on or after the contract execution date.