

THE COLORADO MEDICAL ASSISTANCE PROGRAM

Provider Services
P.O. Box 1100
Denver, CO 80201-1100
1-800-237-0757

Provider Enrollment Application Instructions & Check List

All Providers

<i>The forms listed below are required and must be submitted with the application.</i>	
<input type="checkbox"/>	Completed Electronic Funds Transfer (EFT) Form
✓	The individual provider's SSN <i>must</i> be on the EFT form if an individual provider wants to be paid directly under the individual's SSN.
✓	If an individual provider wants payment made to his/her Tax ID Number, <i>a separate application must be completed and submitted to obtain a Group Colorado Medical Assistance Program Provider Number for the Tax ID Number.</i>
✓	The Legal Name on the EFT form <i>must match exactly</i> the Legal Name on file with the IRS.
<input type="checkbox"/>	Completed W-9 Form
✓	The individual provider's SSN <i>must</i> be on the W9 form if an individual provider wants to be paid directly under the individual's SSN.
✓	The Legal Name on the W-9 form <i>must match exactly</i> the Legal Name on file with the IRS.
✓	Do not enter the Legal name on the DBA (Doing Business As) Line.
✓	Individual providers <i>must</i> enter their SSN and <i>not</i> their Tax ID Number on the W-9 Form. <i>Individual providers who have a Tax ID number must first enroll as an Individual Colorado Medical Assistance Program Provider under the SSN, then submit a separate application for a Group Provider number under the Tax ID Number.</i>
<input type="checkbox"/>	Submitted Proof of Lawful Presence Documentation and Signed Affidavit (Page 3 of the Application)
✓	This documentation and affidavit is required for all individual provider applicants who are 18 years of age or older AND who will be paid directly. <i>Please refer to the Department of Revenue's Web site at: colorado.gov/revenue ➔Library ➔Evidence of Lawful Presence: HB06S-1023 for further information.</i>
<input type="checkbox"/>	Submitted Letter Stating Provider Applicant Received an EII from the Department of Revenue
✓	This letter is required for all individual provider applicants, who are 18 years of age or older, AND who will be paid directly, AND who will be providing proof of lawful presence via the signed affidavit AND obtaining a waiver from the Department of Revenue. <i>Please refer to the Department of Revenue's Web site at: colorado.gov/revenue ➔Library ➔Evidence of Lawful Presence: HB06S-1023 for further information.</i>
<input type="checkbox"/>	License Attached
✓	Include license or certification. Refer to Appendix A of the application to determine whether a license or certification is required.
✓	Submit a copy of the license with the Actual License Begin Date. If the license does not have a Begin Date, obtain a document with the Begin Date from the licensing board.
✓	Submit a copy of the license with the Expiration Date for the license. If the license does not have an Expiration Date, obtain a document with the Expiration Date from the licensing board.
<input type="checkbox"/>	Completed Change of Ownership or Change of Tax ID Number Form (Page 1 of the Application)
✓	This form is required and must be returned with <i>all requested documentation</i> and the completed application.
<input type="checkbox"/>	Completed Provider Disclosures Page (Page 13 of the Application)
✓	This page must be completed for all providers. Please refer to the Code of Federal Regulations, Title 42, parts 455.104 and 455.106, located on the Web at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1 .
✓	Entering N/A is <i>not</i> an acceptable response. This section must be completed in its entirety. Please list those who have an ownership interest equal to five percent or more as well as the officers, directors, and partners of the disclosing entity.
<input type="checkbox"/>	Completed Supervising Physician Form (if applicable)
✓	This form is required and must be returned with the application for certain provider types listed in Appendix A of the application.

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Individual Providers Affiliated with a Group

<input type="checkbox"/>	Completed Electronic Funds Transfer (EFT) Form	
✓		This form is not required if the application is for an individual provider affiliated with a group and the group provider is always the billing provider. Enter the group affiliation provider number on Page 12 of the application.
✓		If an individual provider wants payment made to his/her Tax ID Number, <i>a separate application must be completed and submitted to obtain a Group Colorado Medical Assistance Program Provider number for the Tax ID Number. Enter the Tax ID Number on the EFT Form.</i>
<input type="checkbox"/>	Completed EDI Authorization Form	
✓		If an individual provider bills under a group number, the provider must authorize the group's Trading Partner ID to submit transactions electronically on the provider's behalf by completing the EDI Provider Authorization Form.

Group Providers

<input type="checkbox"/>	Completed W-9 Form	
✓		The Legal Name on the W-9 form <i>must match exactly</i> the Legal Name on file with the IRS.
✓		Do not enter the Legal name on the DBA (Doing Business As) line.
✓		Enter the Tax ID Number on the correct entity line (e.g., A corporation enters their Tax ID Number on the "Corporation" line).

Contact Name _____ **Contact Phone Number** _____