

Colorado Medicaid Dental Provider Enrollment Instruction Guide

Which application to complete and submit?

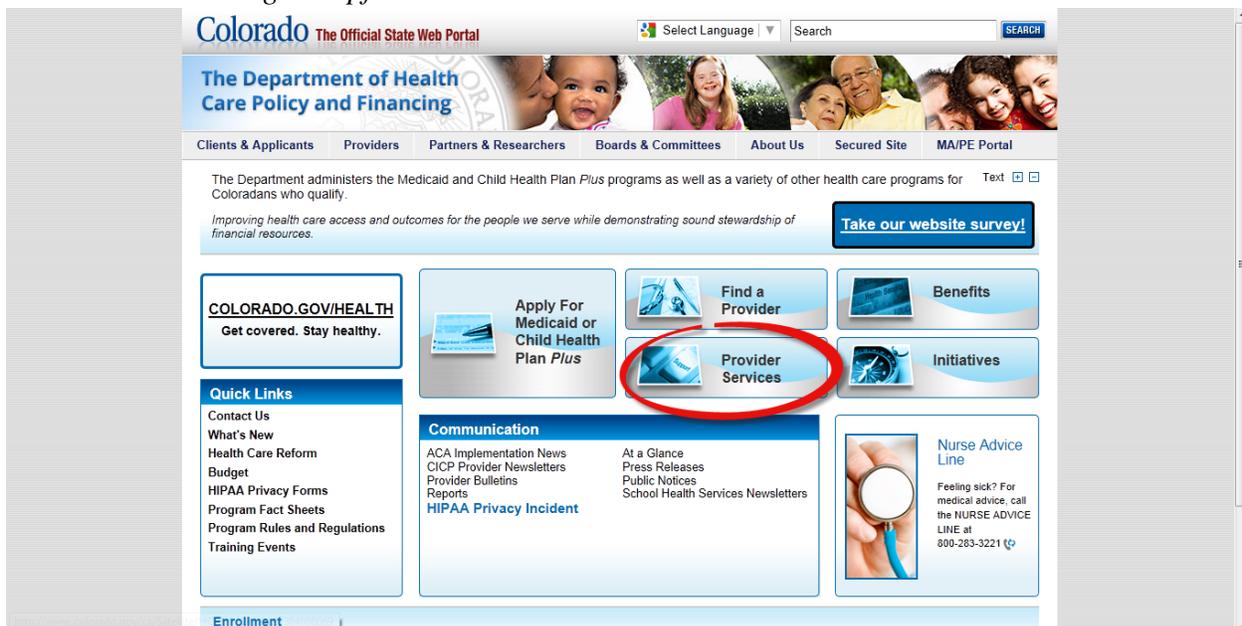
Enrollment applications are based on how reimbursements are reported to the Internal Revenue Service (IRS) and provider type. Some provider types must enroll using a federal Employer Identification Number (EIN) and some must enroll using a Social Security Number (SSN).

Rendering Provider Application enrollment requires a SSN only. A rendering provider is the individual that provides services to a Medicaid client. The rendering provider will affiliate with a dental clinic for billing and payment.

If an individual has obtained an EIN to identify a business entity, both a rendering and a standard application may need to be completed. For instance a dentist will need to enroll once as an indirect pay, or rendering provider, using his/her SSN and as a direct pay provider using the EIN to complete the Standard Provider Application for a dental clinic.

1. Obtaining the **Rendering Provider Application** for a dentist, dental hygienist, or an orthodontist.

a. Go to *Colorado.gov/hcpf*



b. Click on the **Provider Services** button.



c. On the left hand menu click on **Enrollment**.

Provider Services

Welcome to the Provider Services page for the Colorado Medical Assistance Program. This site contains helpful information for Medical Assistance Program providers and other interested parties. It also provides links to other valuable information.

Please scroll down or [click here](#) to access the Colorado Medicaid Fee Schedule information

Please continue to check the Provider Services sections for updated information about the fiscal agent operation and the Colorado Medical Assistance Program.

Billing Manuals	Provider Bulletin	Forms	Provider Enrollment	Frequently Asked Questions (FAQs)	Trainings & Workshops	Web Portal
ACA Resources	DRG	ICD-10	NCCI	ColoradoPAR Program	Specifications	EDI Support

If you are Interested in becoming a Colorado Medicaid Provider...

Please click on the [Enrollment](#) tab on the left-hand side of this page. For Providers not yet enrolled or providers already enrolled in the Colorado Medical Assistance Program please refer to the appropriate Enrollment section.

For questions please contact:

Department's Fiscal Agent	Hours of Service	Phone Number
Xerox State Healthcare	8:00 a.m. - 5:00 p.m.	1-800-237-0757 (Toll Free)

d. The Rendering Provider Application needs to be completed for each dentist, dental hygienist, and orthodontist that will provide services to Medicaid clients. You can find the Rendering Provider Application under the Enrollment tab on the left hand side menu. Choose the **Rendering App** tab.

Enrollment

Provider Enrollment Application Tutorial
Please click [here](#) for the Provider Enrollment Application Tutorial. Refer to the applications below.

Provider Enrollment Application Workshop
[Provider Enrollment Application Workshop \(02/14\)](#)
This presentation contains slides from the Colorado Medical Assistance Program Provider Enrollment Application Workshop. Providers are strongly encouraged to review this document either before or while completing the application. Please check the [Training & Workshops](#) section in Provider Services for the next Provider Enrollment Application Workshop. Workshop attendance provides valuable interaction with provider field representatives and other providers regarding the provider enrollment process.

Out of State Provider Enrollment and Claims Submission
Answers to [frequently asked questions](#) about out of state provider enrollment and claims submission.

Which application to complete and submit?
Enrollment applications are based on how reimbursements are reported to the Internal Revenue Service (IRS) and provider type. Some provider types must enroll using a federal Employer Identification Number (EIN) and some must enroll using a Social Security Number (SSN).

Standard Provider Application enrollment most often requires the use of an EIN, with a few exceptions for enrollment using a SSN. This is a direct pay, or billing entity, where reimbursements are reported to the IRS under the EIN. Enrollment using an EIN may require at least one association, or affiliation, with the individual that will directly render services to the Medicaid client. The direct pay entity submits claims on behalf of the rendering individual when appropriate.

Rendering Provider Application enrollment requires a SSN only. A rendering provider is the individual that provides services to a Medicaid client. In most instances, a rendering provider has the option to be either a direct pay entity or an indirect pay entity under only his/her SSN. If an individual has obtained an EIN to identify a business entity, both a rendering and a standard application may need to be completed. For instance a dentist will need to enroll once as an indirect pay, or rendering provider, using his/her SSN and as a direct pay provider using the EIN to complete the Standard Provider Application for a dental clinic.

Change of Ownership (CHOW) or Change in EIN Information for Providers
Providers must contact Provider Services prior to the effective date of the Change of Ownership (CHOW) or change in EIN.

- e. Once you have been redirected to the Rendering Application page click on the word [Application](#) highlighted in blue.

Rendering Application

Rendering Provider Application enrollment requires a SSN only. A rendering provider is the individual that provides services to a Medicaid client. In most instances, a rendering provider has the option to be either a direct pay entity or an indirect pay entity under only his/her SSN. If an individual has obtained an EIN to identify a business entity, both a rendering and a standard application may need to be completed. For instance, a dentist will need to enroll once as an indirect pay, or rendering provider, using his/her SSN and as a direct pay provider using the EIN to complete the Standard Provider Application for a dental clinic.

Please find the applicable provider type and access all documentation needed in the following table.

Rendering Provider Application	Additional Documentation
<ul style="list-style-type: none"> SSN only Must affiliate to a billing/direct pay entity Electronic Fillable Rendering Application	
Audiologist	
Certified Registered Nurse Anesthetist	
Dental Hygienist	
Dentist	
Nurse-Midwife	
Nurse Practitioner	
Occupational Therapist	
Optometrist	
Orthodontist	
Osteopath	PCP_Application PCP_Contract
Physical Therapist	
Physician	PCP_Application PCP_Contract
Physician Assistant	
Podiatrist	
Psychologist (PhD or MA)	How to bill for mental

- f. This will open the document so you can print the application. If you have trouble downloading the document check that your web browser does not block popups for the HCPF website, you may want to allow all pop-ups from the Department by changing the properties on your web browser. If the document does not initially pop up, click on the blue writing [“If you are unable to allow popups in your browser please click here to access the requested document”](#).

Colorado.gov

Select Language Search

The Department of Health Care Policy and Financing

Clients & Applicants Providers Partners & Researchers Boards & Committees About Us Secured Site MA/PE Portal

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[If you are unable to allow popups in your browser please click here to access the requested document](#)

Department of Health Care Policy and Financing · 1570 Grant Street · Denver, CO 80203-1818

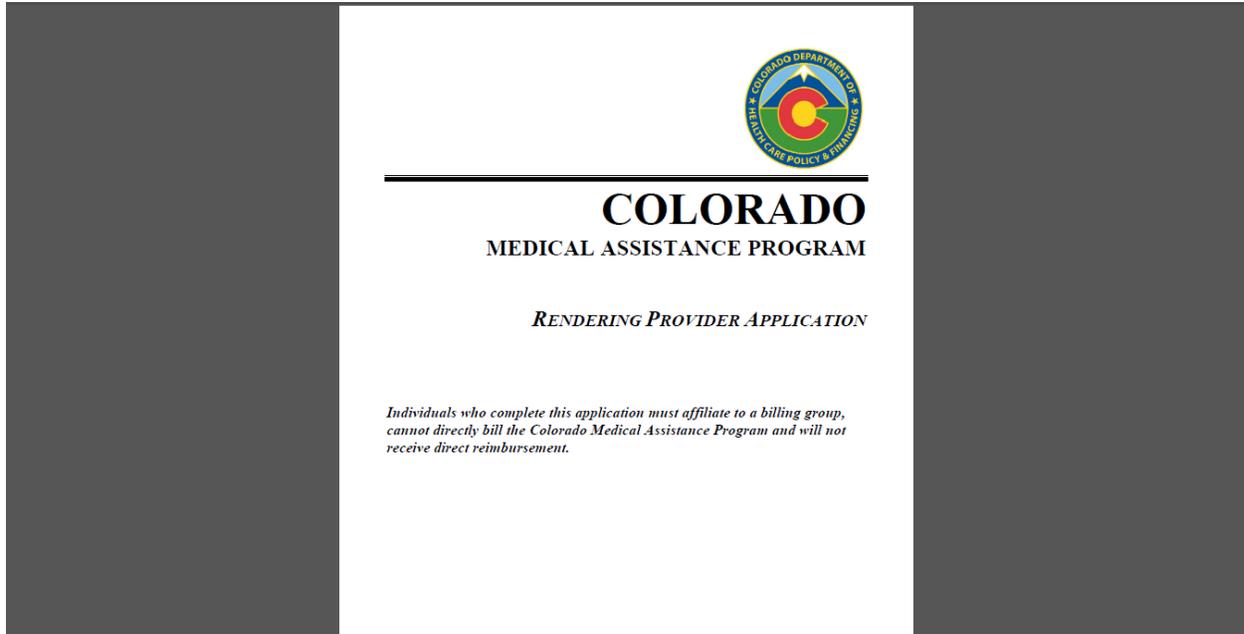
Phone: (303) 866-2993 Fax: (303) 866-4411

Customer Contact Center: 1-800-221-3943

[Transparency Online Project \(TOP\) System](#) [Privacy & Security Policy](#)

Internet Explorer blocked a pop-up from [www.colorado.gov](#). Allow once Options for this site

- g. Print out the application and follow the Rendering Provider Application instructions below (2).



2. Completing the Rendering Provider Application

The following steps will take you through completing the Rendering Provider Enrollment Application.

Page 1

1. Complete Item 1 with your individual information.
2. Item 2 Medicaid Participation, check the appropriate boxes.
3. Item 3 only check Backdate Request if applicable, this refers to providers who have seen Colorado Medical Assistance clients within the past 120 days.

Pages 2-3

4. Item 4 should be completed with the service location address.
5. Item 5 only needs to be completed if the billing office address is different than the service location address completed in Item 4.
6. Item 6 only needs to be completed if the mailing office address is different than the service location address in Item 4.
7. Complete Item 7 at the bottom of page 2. This fax telephone number will provide a backup for eligibility verification if the web portal is not available.
8. For Item 8 check the type of provider you are enrolling as under the Dental category, e.g., Dentist, Orthodontist, or Dental Hygienist.

9. Complete Item 9 by providing the information for your DORA license (for reference to what is required for licensed dental providers refer to Appendix A). Note: a copy of this license must be attached to the application.
10. For Item 10 if you have a specialty certification please provide the information here. (Orthodontists, Pediatric Dentistry Specialty etc.) Note: you will need to attach copy of this certification to the application.

Pages 4-7

11. For Item 11 provide the information for the malpractice insurance that you carry. A copy of the insurance agreement must be included.
12. In Item 12 if you will be writing prescriptions please provide your DEA number. Your individual NPI needs to be completed. If you have not applied for a NPI number visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
For more information on NPI applications visit:
(<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/nationalprovidentstand/>)
13. For Item 13, Ownership/Controlling Interest and Conviction Disclosure, required per federal regulations. Each field A thru F must be completed.
 - a. Field A – check the box indicating SSN enrollment in the instruction area.
 - b. Field B – enter ownership or controlling interest, in subcontractor(s) that you have ownership in as indicated in the instruction area. If not applicable, check none.
 - c. Field C – if not applicable, check no.
 - d. Field D – if not applicable, check none.
 - e. Field E – if not applicable, check no.
 - f. Field F – list criminal convictions for yourself involving any program under Medicare, Medicaid, Children’s Health Insurance Program, Title XX as indicated in the instruction area. If not applicable, check none.

Pages 8-9

14. Under Item 14 on page 9 list the affiliated dental clinic(s) you will provide services through. Provide the dental clinic NPI number. For the “Medical Assistance Program Provider Number” you can write “Pending” on the line if the clinic does not have one yet.
 - a. If someone completed this application on your behalf provide the contact information of the person to be contacted if there is a question during processing.

Page 10-17

Please leave pages 10-17 in your application. On Page 10 include your name and you can indicate PENDING on the line next to your name. Read through these pages and on page 17 sign the provider signature page and date.

Appendix A1-A3

Page A-2 provides requirements for dental professionals.

Page A-3 does not need to be completed.

If you have any questions about the application please contact *Xerox State Healthcare Provider Services* at 1-800-237-0747.

Return the original completed application, in its entirety. Keep all the pages that originally came in the document together and submit them to:

Colorado Medical Assistance Program
Provider Services
P.O. BOX 1100
Denver, CO 80201-1100

Thank you for completing a provider enrollment application for the Colorado Medical Assistance Program!