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.

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.
e. Once you have been redirected to the Rendering Application page click on the word Application highlighted in blue.

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”.
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!