

Figure 1 - Online Provider Enrollment Tool - Request Information page

Request Information Page

- Enrollment Type**
 - Select the Atypical enrollment type from the dropdown.
 - **Note:** Individual/Social Security Number (SSN) enrollments are limited to one enrollment only.
- Provider Type**
 - See a complete list of provider types on the [Information by Provider Type web page](#).
 - This checklist is for Home and Community Based Services (HCBS) providers only. If not an HCBS (waiver) provider, please visit the Enrollment Type web page for different instructions.
- Requesting Enrollment Effective Date**
 - A future enrollment effective date is not allowed. A backdate (up to 365 days in the past) can be requested; however, the request is not a guarantee of approval. See the [Backdate Enrollment Quick Guide](#).
- National Provider Identifier (NPI)**
 - Most HCBS providers do not require an NPI. Please check the Information by HCBS Services Provided web page to determine if an NPI is required. If an NPI is required, one can be obtained from the [National Plan & Provider Enumeration System website](#).
 - When using an NPI, enter the organizational (Type-2) or individual (Type 1) NPI & zip code + 4, as applicable. The application will be returned for correction if the incorrect NPI is used.

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Taxonomy Code

- A taxonomy code is only needed if an NPI is required. If an NPI is not needed, do not include taxonomy codes in the application.
- A complete Health Care Provider Taxonomy Code Set can be found on the [Washington Publishing Company's website](#).
- At least one of the taxonomy codes included in the application must match at least one of the taxonomy codes associated to the NPI in the [National Plan & Provider Enumeration System \(NPPES\)](#).
- The [NPPES NPI Registry lookup](#) can be used to see the taxonomy codes that are currently associated with the NPI.

Tax ID Number

- Some Atypical HCBS providers are required to use an EIN, some are required to use SSN, some may use either. Please check the Tax ID requirements for the service(s) being provided on the [Information by Provider Type web page](#).
- Enter the Federal Employer Identification Number (EIN) or Social Security Number (SSN) as applicable and select the corresponding Tax ID Type.

Contact Information

- This Contact email address will receive notifications regarding the status of the application.

Change of Ownership

- Indicate if this enrollment is due to a change of ownership or EIN.**
(A change of ownership or EIN is not applicable to an individual (SSN) enrollment.)

Specialties Page

Specialty (The HCBS service(s) provided)

- [Information by HCBS Service Provided web page](#)
- Select the appropriate specialty(ies) from the dropdown. All the services that are provided must be added.
- When an NPI is required use the "Taxonomy" dropdown to indicate the area of specialty.

Additional Taxonomy Codes (optional)

- Do not add taxonomy codes if an NPI is not provided.



Addresses Page

Service Location Address Information (including zip code + 4)

- The Primary Address check box must be checked for the service location address only.
- A primary email address and office phone number are required.
- Service location must be a physical address and cannot be a PO Box.
- Including the 9-digit (zip code + 4) service location zip code is crucial for claims payment. Don't know the 9-digit zip code? [Look it up on the USPS website.](#)
- **IMPORTANT:** Unless otherwise noted on the Information by HCBS Service Provided web page, each different business service location must be enrolled separately by submitting a separate application and paying an additional application fee (if applicable). In instances where services are provided in a Health First Colorado or CHP+ member's residence or other non-provider owned setting, providers will need to use the main office location as the service address. Additional office locations, where no services are provided to members, do not need to be enrolled. Submit one application for the HCBS provider type that includes all of the specialties or the services provided. A separate application for each type of waiver service (DD/SLS/CES, EBD/BI, etc.) is not needed. Only submit additional applications if enrolling via a federal employer tax ID (FEIN) and there are additional service locations, or if applying for an additional provider type outside of HCBS.

Billing Address Information (including zip code + 4)

- Do not check the Primary Address check box for the billing address.
- A primary email address and office phone number are required.
- A "Pay to Name" is required; e.g. Office Manager, Billing Manager.
- One of the addresses (service location, billing or mailing) must match the address on the W-9.

Mailing Address Information

- Do not check the Primary Address check box for the mailing address.
- A primary email address and office phone number are required.
- A "Mail to Name" is required (e.g. Attn: Front Desk)

Provider Identification Page

Provider Legal Name

- The "Provider Legal Name" field currently only allows 50 characters, and "Doing Business As" allows 30 (including spaces). Please truncate Legal and DBA names, if necessary.
- Individuals (SSN enrollment) enter their full name – E.g. First Middle Last, First M. Last.
- The "Doing Business As" is optional. If a DBA is used, please enter it exactly as registered. Be sure to attach a copy of the document showing the DBA is registered.



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Organization Structure

- This should match the federal tax classification indicated on the W-9.

License Information (if applicable)

- Please be sure to check the Information by HCBS Service Provided web page for specific requirements for each of the services provided, including whether required to contact the Department of Public Health and Environment for additional requirements or approvals. To contact CDPHE to submit a Letter of Intent go to: www.healthfacilities.info then click - Get licensed or certified, then click - Submit letter of intent.
- License #, effective date, end date, and license state. Be sure to enter the entire license number including alpha and numerical characters as well as dots, dashes, etc.
- Don't forget to attach a copy of the license on the Attachment and Fees page of the application.

Medicare Number (if applicable)

- The Effective Date for the Medicare number and the Medicare Type is needed.
- The information included in the application should match what was submitted to Medicare.

Health Plan Identifier (HPID) (if applicable)

- (Most HCBS providers will not have an HPID and it can be left blank.)

Network Participation Page

MCO/RAE Network

- Complete if participating in any of Colorado Medicaid's Managed Care Organizations (MCO) or Regional Accountable Entities (RAE).
- For each MCO or RAE contracted with, attach a copy of one of the following on the Attachment and Fees page of the application:
 - A completed [Network Participation Verification Form](#); **or**
 - The contract page(s) that identifies the contracting parties, the program name (e.g. Denver Health Medicaid Choice, Colorado Access, etc.) and the page(s) with signatures of both parties, including the date; **or**
 - The entire contract with the MCO or RAE.

Languages Page

All languages that are able to be translated (if applicable)



EFT Enrollment Page

Federal Agency Information (if applicable)

- Federal Program Agency name, identifier, and location code.

Financial Institution Information (this is required)

- Financial Institution name, ABA routing number, type of account (checking/savings), account number, and the EIN or NPI.
- Have a copy of a W-9 and a bank letter or voided preprinted check, to attach later in the application. The W-9 and bank letter must be dated within the last 6 months.
- **Note:** EFT is required for all applications except for Out-of-State providers, and Colorado State Government Entities. If qualified for an EFT exemption and not wanting to provide EFT information, please follow these [EFT Exemption Instructions](#).

Other Information Page

Insurance Information

- Carrier name, policy ID, effective date, and expiration date.
- Do not forget to attach a copy of the insurance face sheet on the Attachment and Fees page of the application.

Board Certification Information (if applicable)

- Specialty, certification, effective date, end date, certification #.
- If the certification does not have an end date, use 12/31/2299. If there is no certification number, enter "N/A".

Supplemental Questions – Medicaid Participation

- Answer yes or no as applicable to each of the questions. Enter the applicable states for each yes answer.

Website address (optional)

Addendums Page

Any applicable addendums will be listed here



Disclosures Page

Disclosure Information

- Health First Colorado cannot advise providers on how to determine owner data and controlling interest requirements, but can provide the following resources:
 - [Disclosure Completion Instructions for Enrollment using a Federal Employer Identification Number \(EIN\)](#)
 - [Disclosure Completion definitions and Instructions for Enrollment using a Social Security Number \(SSN\)](#)
- Please note the applicant is the “disclosing entity” for these questions.

Attachment and Fees Page

Scan and attach:

Insurance face sheet

Board Certifications and licenses (if applicable)

- Some HCBS providers are required to have specific licenses and certifications. Check the [Information by HCBS Service Provided web page](#) to see requirements.

W-9 (signed and dated within the past 6 months)

- If applying using the SSN for the Tax ID, the W-9 should also use the SSN.
- If applying using an EIN for the Tax ID, the W-9 should also use the EIN.

Voided check or bank letter (bank letter signed and dated within the past 6 months)

- Voided checks must be preprinted; temporary checks are not accepted. The imprinted name on the check or bank letter needs to match the legal or DBA name.

For each MCO or RAE contracted with, a copy of one of the following is required:

- A completed [Network Participation Verification Form](#); or
- The contract page(s) that identifies the contracting parties, the program name (e.g. Denver Health Medicaid Choice, Colorado Access, etc.) and the page(s) with signatures of both parties, including the date; or
- The entire contract with the MCO or RAE.

Completed [Affidavit of Lawful Presence form](#) (if using an SSN for the Tax ID)

- Requires a copy of one of the following:
 - A valid Colorado driver's license or Colorado ID card; or
 - A United States military or military dependent's ID card; or
 - A United States Coast Guard Merchant Mariner card; or
 - A Native American Tribal Document

Hardship waiver request letter and supporting documentation (if applicable)



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For application fee payment:

- Please see the [Information by HCBS Service Provided web page](#) for a list of requirements based on service provided to determine if an application fee is required.
- Either a credit card number or EFT account information is needed.
- Application fee can only be paid online (via the Attachments and Fees page of the application).
- Credit card payment-processing fee is an additional 2.95%; EFT payment-processing fee is \$2.50.

Agreement

- The terms of enrollment are identified in the Provider Participation Agreement which must be read, agreed to and accepted for enrollment.

Summary

- Review all data entered in the enrollment application, make additional changes if needed and print a file copy of the application.

