



Figure 1 - Online Provider Enrollment Tool - Request Information page

## Request Information Page

- Enrollment Type**
  - Select the Billing Individual enrollment type from the dropdown.
  - **Note:** Individual/Social Security (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](#).
- 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)**
  - Know the individual (Type 1) NPI & zip code + 4; applications will be returned if using an incorrect organizational NPI.
  - Don't have an individual NPI? One can be obtained from the [National Plan & Provider Enumeration System website](#).

# Enrollment Checklist: Billing Individual

Revised: 6/7/19

## Taxonomy Code

- Know the individual's primary taxonomy code.
- 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 \(NPPES\)](#).
- A complete [Health Care Provider Taxonomy Code Set](#) can be found on the [Washington Publishing Company's website](#).
- The [NPPES NPI Registry lookup](#) can be used to see the taxonomy codes that are currently associated with the NPI.

## Tax ID Number

- Enter the Social Security Number (SSN) for the individual and check SSN in the Tax ID Type. (An individual must enter their SSN.)
- Effective date for the SSN (date of birth) is optional.

## Contact Information

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

## Change of Ownership

- Please indicate No, as change of ownership or EIN is not applicable to an individual (SSN) enrollment.

## Specialties Page

### Specialty

- Select the appropriate specialty from the dropdown.
- There are many instances where the only specialty option is the provider type chosen. If this is the case, select the only option available and then use the Taxonomy dropdown to indicate the area of specialty.

### Additional Taxonomy Codes (optional)

## 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](#).



# Enrollment Checklist: Billing Individual

Revised: 6/7/19

**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 (billing, mailing, or service location) 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

**Legal Name (first and last names are required)**

**Gender**

**Birth Date**

**Degree Information (if applicable)**

- Degree, School, year of graduation

**Organizational Structure**

- This should match the federal tax classification indicated on the W-9 under the SSN of the enrolling individual.

**License Information (if applicable)**

- 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.

**Clinical Laboratory Improvement Amendments (CLIA) information (if applicable)**

- CLIA number, effective date, and end date

**Drug Enforcement Administration (DEA) information (if applicable)**

- DEA number and effective date



## 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 (required even if existing provider)**

- Financial institution name, ABA routing number, type of account (checking/savings), account number, SSN or NPI.
- EFT is required for all Billing Individual applications except for Out-of-State providers and Colorado State Government entities.

## 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.



**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)**

## 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 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 providers are required to have specific licenses and certifications. Check the [Information by Provider Type web page](#) to see requirements.

**Proof of Education (if applicable)**

- Transcripts are not sufficient and will not be accepted.

**W-9 (signed and dated within past 6 months, completed using SSN)**

- The address on the W9 must match one of the addresses entered in the application.

**Voided check or bank letter dated within 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 name.

**For each MCO or RAE contracted with, 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.



# Enrollment Checklist: Billing Individual

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**Completed [Affidavit of Lawful Presence Form](#)**

- 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

## 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.**

