

## Enrollment Type: Facility

### Revalidation/Enrollment Checklist

Provider Enrollment: Request Information	
<a href="#">Welcome</a> <a href="#">Request Information</a> <a href="#">Specialties</a> <a href="#">Addresses</a> <a href="#">Provider Identification</a> <a href="#">Network Participation</a> <a href="#">Languages</a> <a href="#">EFT Enrollment</a> <a href="#">ERA Enrollment</a> <a href="#">Other Information</a> <a href="#">Addendums</a>	<p>You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to the next page. All mandatory data is required to "Finish Later". The contact person listed on this page may be contacted to answer any questions regarding the information provided in this enrollment application.</p> <p>* Indicates a required field.</p> <hr/> <p><b>Initial Enrollment Information</b></p> <p>*Enrollment Type <input type="text"/> choose <b>Facility</b> here</p> <p>*Provider Type <input type="text"/></p> <p>*Requesting Enrollment Effective Date <input type="text" value="11/17/2015"/></p> <hr/> <p><b>Provider Information</b></p> <p>The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.</p> <p>*NPI <input type="text"/> *NPI Zip + 4 <input type="text"/> *Taxonomy <input type="text"/></p> <p>*Tax ID Number <input type="text"/> *Tax ID Type <input checked="" type="radio"/> EIN <input type="radio"/> SSN</p>

Figure 1 - Online Provider Enrollment Tool - Request Information page



Want to make sure your application is processed as quickly as possible?  
 Pay **extra** attention to tips next to this symbol.



## Request Information Page - You will need to know:

### Your Provider Type

- See a complete list of *provider types* on our [Information by Provider Type web page](#).<sup>i</sup>

### Requesting Enrollment Effective Date

- If your effective date will be a future date, you can select that future date in the application.
- **TIP:** If your effective date will be a past date, you will need to complete and submit the Backdating form after you submit your Facility application. You can find this form on our [Provider Next Steps web page](#).<sup>ii</sup>

### National Provider Identifier (NPI)

- You will need to know your organizational (Type-2) NPI & zip code.
- Don't have an organizational NPI? Please visit the [National Plan & Provider Enumeration System web site to obtain one](#).<sup>iii</sup>

**▲ TIP:** Your application will be returned for correction if you use an individual (Type-1) NPI on your *Facility* application.

**Primary Taxonomy Code**

- You will need to know the **Facility's** primary taxonomy code.
- You can find a complete Health Care Provider Taxonomy Code Set on the [Washington Publishing Company's web site](#).<sup>iv</sup>
- ▲ **TIP:** At least one of the taxonomy codes you include in your application must match at least one of the taxonomy codes associated to your NPI in NPPES.
- **TIP:** Colorado Medicaid does not offer advice about which taxonomy code(s) you should use, but you can use the [NPPES NPI Registry lookup](#)<sup>v</sup> to see the taxonomy codes that are currently associated with your NPI.

 **Federal Employer Identification Number (EIN)**

- Effective date for your EIN is optional.

 **Current CO Medicaid ID**

- If you have already have one for this same Provider Type.

 **Previous CO Medicaid ID**

- If you previously had one for this same Provider Type, but are not currently actively enrolled.

 **Contact Information**

- This "Contact" email address will receive notifications about the status of your application.

**Specialties Page - You will need to know:** **Your Facility's Specialty**

- From our [Information by Provider Type web page](#).<sup>Error! Bookmark not defined.</sup>
- **TIP:** There are many instances where the only *specialty* option is the *provider type* you chose. If this is the case for you, select the only option available and then use the "Taxonomy" drop down to indicate your area of specialty.

 **Additional Taxonomy Codes (optional)****Addresses Page - You will need to know:** **Service Location Address Information (including zip code + 4)**

- You will also need a primary email address and office phone number for this address.
- **TIP:** Each service location requires a separate application.
- ▲ **TIP:** Service location must be a physical address and cannot be a PO Box.
- ▲ **TIP:** Including your 9-digit (zip code + 4) service location zip code is crucial for claims payment. Don't know your 9-digit zip code? [You can look it up on the USPS website](#).<sup>vi</sup>



**Billing Address Information (including zip code + 4)**

- You will also need a primary email address and office phone number for this address. This may be the same as your service location address.

**▲ TIP:** The “Pay to Name” and the billing address should match the information on your W-9.

**▲ TIP:** Including your 9-digit (zip code + 4) billing address zip code is crucial for claims payment. Don’t know your 9-digit zip code? [You can look it up on the USPS website.](#)<sup>vi</sup>

 **Mailing Address Information**

- You will also need a primary email address and office phone number for this address. This may be the same as your service location address.
- TIP:** This address also asks for a “Mail to Name”; e.g. Attn: Front Desk.

**Provider Identification Page - You will need to know:** **Provider Legal Name**

- You will also need the “Doing Business As” name (if applicable).
- TIP:** The “Provider Legal Name” field currently only allows 50 characters, and “Doing Business As” allows 30 (including spaces). Please truncate your Legal and DBA names, if necessary.

 **Organization Type**

**▲ TIP:** This should match the “Federal Tax Classification” indicated on your W-9.

 **Medicare Number (if applicable)**

- You will also need the Effective Date for your Medicare number and the Medicare Type.
- TIP:** You can find this information on the [PECOS web site.](#)<sup>vii</sup>

**▲ TIP:** The Medicare information you include in your application should match what is in PECOS.

 **Durable Medical Equipment Information (if applicable)**

- Medicaid Bond #, effective date, end date, ACC effective date, and ACC end date.

 **License Information (if Pharmacy)**

- License #, effective date, end date, and license state.

**▲ TIP:** Don’t forget to attach a copy of your license on the *Attachment and Fees* page of the application.

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

- CLIA #, effective date, end date, and CLIA type.

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

- DEA # and effective date.

 **National Council for Prescription Drug Programs (NCPDP) information (if Pharmacy)**

- NCPDP ID # and pharmacy classification.

**▲ TIP:** Do not forget to attach proof of NCPDP on the *Attachment and Fees* page of the application. Please follow [these instructions](#)<sup>viii</sup> to download proof of your NCPDP.



## Network Participation Page - You will need to know:

### MCO/BHO Network

- Do you participate in any of Colorado Medicaid’s Managed Care Organizations (MCO) or Behavioral Health Organizations (BHO)?
- If so, you will need to know which ones and your effective date with that network (date the contract was signed).
- ▲ **TIP:** For each MCO or BHO you contract with, we require a copy of the following to be attached on the *Attachment and Fees* page of the application:
  - The entire contract with the MCO or BHO; or
  - The page(s) that identifies the contracting parties and the program name (e.g. Denver Health Medicaid Choice, Access Behavioral Health, VOANS (PACE), etc.) and the page(s) with signatures of both parties, including the date; or
  - [The Provider Network Participation Attestation Form](#).<sup>ix</sup>

## Languages Page - You will need to know:

- All languages that your facility has the ability to translate (if applicable)

## EFT Enrollment Page - You will need to know:

- Trading Partner ID (if applicable)

- Billing Agent Information (if applicable)

- Billing Agent name, phone, and email.

- Federal Agency Information (if applicable)

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

- Retail Pharmacy Information (if applicable)

- Pharmacy name, chain number, parent organization ID, payment center ID, NCPDP number, and Medicaid provider ID.

- Financial Institution Information (this is required even if you are an existing provider)

- Financial Institution name, ABA routing number, type of account (checking/savings), account number, and the *Facility’s* EIN or NPI.

- ▲ **TIP:** you will need to have a copy of a bank letter or voided preprinted check, to attach later in the application.

- **Note:** EFT is required for all *Facility* applications except Out-of-State providers. If you are an Out-of-State provider and you do not want to provide your EFT information, please follow these [EFT Exemption Instructions](#).<sup>x</sup>



## ERA Enrollment Page - You will need to know:

**Trading Partner ID (if applicable)**

**Billing Agent Information (if applicable)**

- Billing Agent name, contact name, phone, and email.
- If you are completing a *Facility* application for a new provider or a service location that is not currently enrolled with Colorado Medicaid, you will also need to complete a separate TPA/EDI form after you submit your Facility application. You can find this form on our [Provider Next Steps web page](#).**Error! Bookmark not defined.**

**Federal Agency Information (if applicable)**

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

**Retail Pharmacy Information (if applicable)**

- Pharmacy name, chain number, parent organization ID, payment center ID, NCPDP number, and Medicaid provider ID.

**Electronic Remittance Advice Information**

- *Facility's* EIN or NPI and ERA download method; i.e. Download from Clearinghouse or download from Health Plan website.
- If you are completing a *Facility* application for a new provider or a service location that is not currently enrolled with Colorado Medicaid, you will also need to complete a separate TPA/EDI form. You can find this form on our [Provider Next Steps web page](#).**Error! Bookmark not defined.**

**Electronic Remittance Advice Clearinghouse Information (if applicable)**

- If you use a clearinghouse, you will need to have the clearinghouse name, contact name, phone, and email.

**Electronic Remittance Advice Vendor Information (if applicable)**

- If you use a software vendor, you will need to have the vendor name, contact name, phone, and email.

## Other Information Page - You will need to know:

**Insurance Information**

- Carrier name, policy ID, effective date, and expiration date.
- ▲ **TIP:** Do not forget to attach a copy of your “Liability” insurance face sheet on the *Attachment and Fees* page of the application.

**Board Certification Information (if applicable)**

- Specialty, certification, effective date, end date, certification #.
- **TIP:** If your certification does not have an end date, use 12/31/2299. If there is no certification number, write “N/A”.



**Out-of-State Pharmacy Questionnaire (if Pharmacy)**

- For a list of the questions, please [see this document](#).<sup>xi</sup>
- Note: list of questions provided for your convenience only. Questionnaire MUST be completed from within the application.

 **Supplemental Question Answers**

- Are you currently enrolled in Medicaid or CHIP in any other state?
- Are you currently applying for enrollment in Medicaid or CHIP in any other state?
- Have you ever been denied enrollment for Medicaid or CHIP in any other state?
- Has your enrollment in Medicaid or CHIP in any other state ever been terminated?

 **Web site address (optional)****Addendums Page - You will need to know:** **Pharmacy Dispensing Fee Addendum (if Pharmacy)**

- Note: This list of questions provided for your convenience only. Addendum MUST be completed from within the application.
  1. Please list the total number of prescriptions dispensed in the last 12 months. If the pharmacy has been open for less than 12 months, please list the total number of prescriptions dispensed for the months the pharmacy has been open. If the pharmacy is the only Medicaid-participating pharmacy within twenty miles (driving distance) of its physical location, then claim "Yes" on the rural line. NOTE: The prescription date range should not exceed one (1) year.
    - Total prescriptions, from date, to date, rural (y/n).
  2. Please list the approximate percentage of prescriptions dispensed for each classification  
NOTE: The percentages should add up to 100%.
    - Medicaid %, Medicare %, other 3<sup>rd</sup> party %, cash %.

**Disclosures Page - You will need to know:** **Disclosure Information**

- Colorado Medicaid cannot advise providers on how to determine owner data and controlling interest requirements, but we can provide the following resources:
  - [Disclosure Completion Instructions for Enrollment using a Federal Employer Identification Number \(EIN\)](#).<sup>xii</sup>
  - The Facility is the “disclosing entity” for the purpose of these questions.
- **School Health Services providers** - (see our [Information by Provider Type web page](#)**Error!** **Bookmark not defined.**, under “School Health Services”, for disclosure instructions specific to your *provider type*).



## Attachment and Fees Page:

You will need to scan and attach:

- Insurance face sheet**
- Board certifications and/or licenses (if applicable)**
  - ▲ Please see our [Information by Provider Type web page](#)<sup>Error! Bookmark not defined.</sup> for a list of requirements for your *provider type*.
- Facility's W-9 (signed and dated within the past 6 months)**
- Voided check or bank letter (bank letter dated within the past 6 months)**
  - EFT is required for all *Facility* applications except Out-of-State providers. If you are an Out-of-State provider and you do not want to provide your EFT information, please follow these [EFT Exemption Instructions](#).<sup>x</sup>
  - ▲ **TIP:** The imprinted name on the check or bank letter needs to match the facility's Legal or DBA Name.
- For each MCO or BHO you contract with, we require a copy of the following:**
  - The entire contract with the MCO or BHO; or
  - The page(s) that identifies the contracting parties and the program name (e.g. Denver Health Medicaid Choice, Access Behavioral Health, VOANS (PACE), etc.) and the page(s) with signatures of both parties, including the date; or
  - [The Provider Network Participation Attestation Form](#).<sup>ix</sup>
- Hardship waiver request letter and supporting documentation (if applicable)**
- Proof of payment**
  - If you have already paid the revalidation fee for Medicare or in another state, for this location.
- Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable)**
- For application fee payment you will need:**
  - Either a credit card number or EFT account information
  - **TIP:** Application fee can only be paid online (via the *Attachments and Fees* page of the application).
  - **TIP:** Credit card payment-processing fee is an additional 2.95%, EFT payment-processing fee is \$2.50.

<sup>i</sup> [www.co.gov/hcpf/information-provider-type](http://www.co.gov/hcpf/information-provider-type)

<sup>ii</sup> [www.co.gov/hcpf/provider-next-steps](http://www.co.gov/hcpf/provider-next-steps)

<sup>iii</sup> <https://nppes.cms.hhs.gov/>

<sup>iv</sup> [www.wpc-edi.com/reference](http://www.wpc-edi.com/reference)

<sup>v</sup> <https://npiregistry.cms.hhs.gov>

<sup>vi</sup> <https://tools.usps.com/go/ZipLookupAction!input.action>

<sup>vii</sup> <https://pecos.cms.hhs.gov/>

<sup>viii</sup> [https://www.colorado.gov/pacific/sites/default/files/Printing a Confirmation of your NCPDP ID\\_1.pdf](https://www.colorado.gov/pacific/sites/default/files/Printing%20a%20Confirmation%20of%20your%20NCPDP%20ID%201.pdf)

<sup>ix</sup> <https://www.colorado.gov/pacific/sites/default/files/Colorado%20Medicaid%20and%20CHP%2B%20Network%20Participation%20Verification.pdf>

<sup>x</sup> <https://www.colorado.gov/pacific/sites/default/files/EFT%20Exemption%20Document%20012616.pdf>



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<sup>xi</sup> <https://www.colorado.gov/pacific/sites/default/files/Pharmacy%20Supplemental%20Questions.pdf>

<sup>xii</sup> <https://www.colorado.gov/pacific/sites/default/files/Disclosure%20Instructions%20EIN.pdf>

