

Welcome to the Online Training for



Playback controls are located here should you need to interrupt the demonstration.

the Colorado Medical Association
Web Portal

When you see the Next button  flashing, you will need to click it to advance the presentation.

Colorado Medical Assistance Program Web Portal

Use of some of the features provided in the Colorado Medical Assistance Program Web Portal requires a basic knowledge of using Windows.

Be sure you are comfortable with the following Windows topics:

- ✓ Using Windows Explorer to save files in different locations on your computer.
- ✓ Using Windows Explorer to save a file with a different filename.

For best screen presentation, be sure your screen resolution is set to 1024 x 768.

[Basic User Training](#)

[TPA User Training](#)

[Eligibility User Training](#)

[Claims User Training](#)

[FRS User Training](#)

[Provider MMIS User Training](#)

[PAR Inquiry User Training](#)

[Maintenance User Training](#)



Colorado Medical Assistance Program Web Portal

Welcome to the
HCPF training
course.

PROVIDER MMIS USER TRAINING

Throughout the
remainder of this
course, we will refer
to this application as
the Web Portal.

State of Colorado

Department of Health Care Policy & Financing



WELCOME

This course will instruct you on:

- The process to update information relating to provider demographics, licensure, billing and other provider-specific information maintained within the MMIS

It will provide:

- Illustrations of the screens
- Information necessary to understand and use the MMIS Provider Data Maintenance functionality



COURSE OBJECTIVES

This course will enable you to:

- Access the interactive MMIS Provider Data Maintenance functionality from the Main Menu
- Understand and use the MMIS Provider Data Maintenance screen and tabs
- Submit updates on the Address & Publications, Medicare/License Information, Provider Affiliations and the ACC Provider Opt-In tab



AGENDA

In this training, we will review the steps to submit a MMIS Provider Data Maintenance update:

- Accessing the MMIS Provider Data Maintenance screen
- Updating information that has already been accepted into the MMIS

Let's begin by discussing what can be done with the MMIS Provider Data Maintenance screen.



MMIS PROVIDER DATA MAINTENANCE

- The (MMIS) Provider Data Maintenance option allows you to update information maintained within the MMIS
 - In some instances, you may be required to submit updates to the provider data on paper directly to the fiscal agent (instead of through the Web Portal)
- At least once per year, you will be requested to review the provider information associated with your Trading Partner ID and make any necessary updates
 - A pop-up reminder screen will appear when the system determines that it is time to conduct the provider update





Annual MMIS Provider Reminder

Provider ID	Provider Name	Tax ID/SSN	Last Review Date
99999999		999999999	1/7/2010 10:21:00 AM
88888888		888888888	1/7/2010 10:21:00 AM
77777777		777777777	1/7/2010 10:21:00 AM

Provider Demographic, License and Affiliation data should be reviewed at least once a year. To review or update a provider's information, please do one of the following:

- 1) Click on a provider in the display grid, then click on the Review/Update Provider Information button.
- 2) To update a provider not listed in the grid, click on the Review/Update Provider Information button. The Provider Inquiry screen will display. Enter a valid Provider ID and last name. Enter the provider's most current information.

For more information, please click on the Help button.

When the system determines that it is time to update your provider information, the following screen will display upon logging into the Web Portal.

Three options exist for handling this screen:

Review/Update Provider Information

Remind Me Next Time I Login

Remind Me Next Year

Review/Update Provider Information

Remind Me Next Time I Login

Remind Me Next Year

ANNUAL MMIS PROVIDER REMINDER

Three options exist for handling this screen:

- Review the provider information now – **Review/Update Provider Information**
- Postpone the review until the next login – **Remind Me Next Time I Login**
- Postpone the review until next year – **Remind Me Next Year**



ANNUAL MMIS PROVIDER REMINDER

- To review and update the information for one of the providers displayed in the grid, click on the provider information row and then click the **Review/Update Provider Information** button to be taken to the MMIS Provider Information screen.
- If you do not highlight one of the providers displayed in the grid, and you click on the **Review/Update Provider Information** button, you will need to enter the MMIS **Provider ID** and **Tax ID/SSN** to access the MMIS Provider Information screen.





Welcome

Welcome to the Colorado Medical Assistance Program

Trading Partner ID-

Secure Web Portal

This is the main Web Portal screen.

What's New!

To access this feature, you must be assigned the Provider (MMIS) Role by the Trading Partner Administrator in your organization.

[Help](#) menu option, the *TPA User Guide*, and available training for more information.

Based on your access rights Training, User Guides, and Help may be available in the menu.

Click (MMIS) Provider Data Maintenance to expand this section.

Your access rights will determine which functions appear on this menu. You may not have each of these menu choices.

System Status Messages



Claims Last Week First Week

Claims

Professional Claims

Institutional Claims

Eligibility Last Week First Week

PAR Last Week First Week

- Frequently Asked Questions
- User Profile Maintenance ▶
- BUS ▶
- SAVE System
- Eligibility ▶
- Claims ▶
- PAR ▶
- File and Report Service ▶
- Data Maintenance ▶
- Medicaid Provider Lookup ▶
- Code Set Maintenance ▶
- Administration ▶
- System Reports ▶
- System Maintenance ▶
- PORTAL MANAGER ▶
- Web Portal Training ▶
- Reset Login
- (MMIS) Provider Data Maintenance ▶



Welcome

Welcome to the Colorado Medical Assistance Program

Trading Partner ID-

Secure Web Portal

What's New!

All Colorado Medical Assistance Program Web Portal users must have their own **User Name** and **Password**. Sharing login information is prohibited. Trading Partner Administrators can create new users by selecting **Administration** → **User Maintenance** from the left-hand navigation menu. Please see the **Help** menu option, the *TPA User Guide*, and available training for more information.

System Status Messages



Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		
Eligibility	Last Week	First Week
PAR	Last Week	First Week

To inquire or update provider data maintained within the MMIS, select (MMIS) Provider Data Maintenance.

- Frequently Asked Questions
- User Profile Maintenance ▶
- BUS ▶
- SAVE System
- Eligibility ▶
- Claims ▶
- PAR ▶
- File and Report Service ▶
- Data Maintenance ▶
- Medicaid Provider Lookup ▶
- Code Set Maintenance ▶
- Administration ▶
- System Reports ▶
- System Maintenance ▶
- PORTAL MANAGER ▶
- Web Portal Training ▶
- Reset Login
- (MMIS) Provider Data Maintenance ▶

- (MMIS) Provider Data Maintenance
- User Guide

Based on your access rights Training, User Guides, and Help may be available. Administration and User Maintenance may be found in the User Guides.

In the MMIS Provider Inquiry screen, enter a:

Both fields are required.

The screenshot shows the MMIS Provider Inquiry screen. At the top left is the State of Colorado seal. The header reads "Department of Health Care Policy and Financing". A navigation bar contains links for "Related Sites: Provider Services, CBMS, CHP+, CICIP, CPPC, Old Age Pension, HIPAA", and "Main", "Help", "Log Out". The main form area is titled "MMIS Provider Inquiry". It contains two input fields: "Provider ID: * 99999991" and "Tax ID/SSN: * 999999999". Below the fields are "Submit" and "Cancel" buttons. Three callout boxes provide instructions: one points to the input fields with the text "Provider ID and Tax ID/SSN in the fields provided.", another points to the "Submit" button with the text "Click on the Submit button.", and a third at the top left states "Both fields are required."

Provider ID and

Tax ID/SSN in the fields provided.

Submit

Cancel

Click on the Submit button.

If the **Provider ID** and **Tax ID/SSN** combination is not found in the MMIS, a message will be displayed stating that the requested provider is not found.



Department of Health Care Policy
and Financing

Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)
[Main](#) [Help](#) [Log Out](#)

MMIS Provider Inquiry

ACS Error - INVALID PROVIDER ID OR TAX/SSN

Provider ID: * 99999999

Tax ID/SSN: * 999999999

Check to make sure you entered the correct **Provider ID** and **Tax ID/SSN**. Put in the correct characters and click the **Submit** button.

Submit

Cancel

Click here.

Changes to a provider may have already been submitted earlier in the day. A provider's information may be updated only once per day. Should this occur, the "Cannot Update Provider" message will appear.



Department of Health Care Policy
and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

[Main](#)

[Help](#)

[Log Out](#)

MMIS Provider Inquiry

Cannot Update Provider - An earlier update is still pending for this provider, please review and make further updates tomorrow

Provider ID: *

Tax ID/SSN: *

Submit

Cancel

Once you have successfully entered and submitted the provider information on the MMIS Provider Inquiry screen, you are taken to the MMIS Provider Information screen.

MMIS Provider Information

7-0757

Provider ID:
Tax ID/SSN:
Medical Home Provider Effective Date:

Here, there are four tabs of information that can be viewed and updated:

Status Effective Date: 06/28/2006

National Provider Identifier: 9999999999

Address and Publications

Medicare/License Information

Provider Affiliations

ACC Provider Opt-In

Addresses and Publications,

Medicare/License Information,

Provider Affiliations,

and ACC Provider Opt-In

When a provider is found, the information displayed will be the most current information available from the MMIS.

Note: If the provider's **Status** is **Inactive**, the screen will appear in a "view only" format, and you will not be able to update any information.

Print

Submit

Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
Tax ID/SSN: 99999999 DBA: Status: ACTIVE
Medical Home Provider Effective Date: Status Effective Date: 06/28/2006

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information

Opt-In

If the NPI field is blank, enter your NPI in the field near the top of the screen.

Location Address (Save to Portal)

(PO Box and intersections are not allowed)

Billing Address

(Same as Location) (Same as Mailing)

Form fields for Location Address: Address*, Suite # or C/O, City*, State*, Zip Code*, County*, Phone*, Fax*

Form fields for Billing Address: Address, Suite # or C/O, City, State, Zip Code, County, Phone, Fax

Mailing Address (Save to Portal)

(Same as Billing) (Same as Location)

Publication Information

Form fields for Mailing Address: Address, Suite # or C/O, City, State, Zip Code, County, Phone, Faxback Eligibility

Form fields for Publication Information: Current Media: NONE, Change Media To, E-mail Address

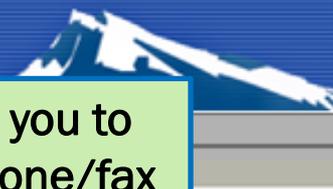
Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

NATIONAL PROVIDER IDENTIFIER

- If you have your **NPI** and the **NPI** field is blank, enter your **NPI** in the field entry box near the top of the screen.
- The **NPI** will be validated against the Luhn check digit algorithm when the **Submit** button is clicked.
 - If the **NPI** fails the check digit validation, you will be prompted to re-enter the **NPI** in the field entry box.
 - Once accepted, the **NPI** you enter on this screen will be saved to the Provider Maintenance record for your Trading Partner.
- If the **NPI** is incorrect, please contact Provider Services at 1-800-237-0737 for assistance.





The Addresses and Publications tab allows you to update address information, location telephone/fax numbers, and publication information preferences.

MMIS Provider Information

Provider ID: 9999999999
DBA: 9999999999

Effective Date: 06/28/2006

Located next to each address are check boxes.

To update information, click in any entry box to highlight the displayed result and enter the new information.

License Information | Provider Affiliations | ACC Provider Opt-In

Location Address Save to Portal

(PO Box and intersections are not allowed)

Address*: 999 IMA TEST STREET

Suite # or C/O:

City*: TESTING

State*: CO

Zip Code*: 99999

County*: Teller

Phone*: (000)000-0000

Fax: (000)000-0000

Billing Address Save to Portal

Same as Location Same as Mailing

Address:

Suite # or C/O:

City:

State:

Zip Code:

County:

Phone:

Fax:

Mailing Address Save to Portal

Same as Billing Same as Location

Address:

Suite # or C/O:

City:

State:

Zip Code:

County:

Phone:

Faxback Eligibility:

The Same as Location and Same as Mailing check boxes are available to make data entry more efficient. For example, if the Billing Address is the same as the Location Address, click on the check box for Same as Location and the system will automatically fill in the information for you.

Print

Submit

Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



MMIS Provider Information - Questions on your provider information should be directed to the Front Desk at 1-800-377-9777

Provider ID: 99999999 Provider DBA: 9999999999 Effective Date: 06/28/2006

Click on the check box for the address that is desired to be saved in the Web Portal.

Only one address is saved in the Web Portal Provider Maintenance record.

Insurance Information Provider Affiliations ACC Provider Opt-In

Location Address (Save to Portal)
 (PO Box and intersections are not allowed)

Address*: 999 IMA TEST STREET
 Suite # or C/O:
 City*: TESTING
 State*: CO Zip Code*: 99999
 County*: Teller
 Phone*: (000)000-0000 Fax: (000)000-0000

Billing Address (Save to Portal)
 (Same as Location) (Same as Mailing)

Address: 999 IMA TEST STREET
 Suite # or C/O:
 City: TESTING
 State: CO Zip Code: 99999
 County: Teller
 Phone: (000)000-0000 Fax: (000)000-0000

Mailing Address (Save to Portal)
 (Same as Billing) (Same as Location)

Address: 999 IMA TEST STREET
 Suite # or C/O:
 City: TESTING
 State: CO Zip Code: 99999
 County: Teller
 Phone: (000)000-0000 Faxback Eligibility: (000)000-0000

Publication Information

Current Media:
Change Media To:
E-mail Address:

For this training we will make the Billing and Mailing address the same as the Location Address by checking the Same as Location check box.

Print Submit Cancel



MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER Status Effective Date: 06/28/2006
Tax ID/SSN: 99999999 DBA: Status: ACTIVE
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information Provider Affiliations ACC Provider Opt-In

The information regarding how the provider receives publication information is displayed in the bottom right corner of the screen.

The method that the provider currently receives publications is listed under the field Current Media.

To change the method of publication receipt, click on the down arrow for the Change Media To: field.

Address (Save to Portal) Same as Location Same as Mailing
999 IMA TEST STREET
TESTING
CO Teller Zip Code: 99999
Phone: (000)000-0000 Fax: (000)000-0000

Publication Information
Current Media: NONE
Change Media To: [dropdown menu]
E-mail Address:

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER Status Effective Date: 06/28/2006
Tax ID/SSN: 99999999 DBA: Status: ACTIVE
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information Provider Affiliations ACC Provider Opt-In

Location Address (Save to Portal) (PO Box and intersections are not allowed)
Address*: 999 IMA TEST STREET
Suite # or C/O:
City*: TESTING
State*: CO Zip Code*: 99999
County*: Teller
Phone*: (000)000-0000 Fax: (000)000-0000

Billing Address (Save to Portal) (Same as Location) (Same as Mailing)
Address: 999 IMA TEST STREET
Suite # or C/O:
City: TESTING
State: CO Zip Code: 99999
County: Teller
Phone: (000)000-0000 Fax: (000)000-0000

Mailing Address (Save to Portal) (Same as Billing) (Same as Location)
Address: 999 IMA TEST STREET
Suite # or C/O:

Publication Information
Current Media: NONE
Change Media To:
E-mail Address:

If the Electronic option is selected, enter the E-mail Address to which publications should be sent.

For training purposes we will leave the Current Media as None.

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
Tax ID/SSN: 999999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information Provider Affiliations ACC Provider Opt-In

From the Medicare/License Information tab, you can view the Medicare IDs, Begin Dates, and Medicare Types associated to the Provider ID.

License Number End Date

To add Medicare information:

Enter a Begin Date by either typing the date in the format mm/dd/yyyy

Medicare ID: Begin Date: Add Remove
G9999 01/01/2001

Please contact Provider Services to update your license information.

Enter a Medicare ID.

or use the Calendar icon.

Submit Cancel

be performed by submitting a paper request form.)



MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information Provider Affiliations ACC Provider Opt-In

For training purposes we will use Part B.

Add/Del Medicare ID Begin Date Type License Number End Date

Select a Type from the drop-down box.

Click on the Add button.

Medicare ID: G9999 Begin Date: 01/01/2001 Type: Part B Add Remove Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
Tax ID/SSN: 999999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information

Only single occurrences of Medicare IDs can be stored. If a duplicate Medicare ID is attempted to be added, a message will appear stating "The Medicare ID already exists in the grid."

The new record will display in the left hand grid with the letter A displayed in the Add/Del column.

Table with 4 columns: Add/Del, Medicare ID, Begin Date, Type. Row 1: A, 99999, 01/01/2001, Part B

License Number End Date

This indicates that the record is newly-added to the grid, but not yet sent to the MMIS.

Only 75 records may be stored. When the 76th record is attempted to be added, a message will display stating "You have reached the maximum amount of records that could be updated."

Print Submit Cancel



MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

To remove Medicare information:

99999999 Provider Name (Legal Name): IMA TEST PROVIDER Status Effective Date: 06/28/2006
99999999 DBA: Status: ACTIVE

9999999999

Address and Publications Medicare/License Information Provider Affiliations ACC Provider Opt-In

This will highlight the row. To select multiple records or deselect a record, hold down the Ctrl key and click on each record.

Add/Del	Medicare ID	Begin Date	Type	License Number	End Date
A	G9999	01/01/2001	Part B		

Click on a Medicare ID record that does not contain a D in the Add/Del column.

Click on the Remove button.

Medicare ID: Begin Date: Type:

* * *

Please contact Provider Services to update your license information.

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)
[Main](#) [Help](#) [Log Out](#)

MMIS Provider

Click on the **Provider Affiliations** tab to continue making updates.

directed to the fiscal agent at 1-800-237-0757

Provider ID:
Tax ID/SSN:
Medical Home Provider Effective Date:

Name): IMA TEST PROVIDER
Status: ACTIVE
Status Effective Date: 06/28/2006

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information **Provider Affiliations** ACC Provider Opt-In

Add/Del Medicare ID Begin Date Type

License Number End Date

If the record was accepted, the column will be blank. If the record had been newly submitted to the MMIS, a D would display in the **Add/Del** column.

When finished adding or deleting Medicare information, click on the **Submit** button located at the bottom of the screen to submit the updates to the MMIS, or

* * *

Add **Remove**

Please contact Provider Services to update your license information.

Print **Submit** **Cancel**

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA Main Help Log Out

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TE
Tax ID/SSN: 99999999 DBA: Status: ACTIVE
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications Medicare/License Information Provider Affiliations

Table with 5 columns: Add/Del, Provider ID, Provider Name, Begin Date, End Date. Rows include 01234567 WEB PORTAL TRAINING and 11111111 TRAINING, PROVIDER.

The list displayed is sorted by Provider ID, with 10 provider affiliation records appearing at a time.

If needed, use the scroll bar (which will be located on the right-hand side of the grid) to scroll through the list.

From the Provider Affiliation Tab, you may view the providers to which your Provider ID is affiliated. Up to 400 occurrences will be available for viewing online.

Once you have reached 400 affiliations, you will no longer be able to update additional occurrences.

Form fields for Provider ID and Begin Date with input boxes and arrows.

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

[Main](#) [Help](#) [Log Out](#)

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
 Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
 Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

[Address and Publications](#)
 [Medicare/License Information](#)
 [Provider Affiliations](#)
 [ACC Provider Opt-In](#)

Add/Del	Provider ID	Provider Name	Begin Date	End Date
	01234567	WEB PORTAL TRAINING	01/01/2001	
	11111111	TRAINING, PROVIDER	01/01/2001	12/31/2009

To add an affiliation:

Enter the Provider ID

Enter the Begin Date by entering the date in the format mm/dd/yyyy

Click on the Add button.

or by using the Calendar icon.

Provider ID:
 Begin Date: 

(Note: updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

[Main](#) [Help](#) [Log Out](#)

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
 Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
 Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

[Address and Publications](#)
 [Medicare/License Information](#)
 [Provider Affiliations](#)
 [ACC Provider Opt-In](#)

Add/Del	Provider ID	Provider Name	Begin Date	End Date
	01234567	WEB PORTAL TRAINING	01/01/2001	
	11111111	TRAINING, PROVIDER	01/01/2001	12/31/2009
A	87654321	KNOWITALL DOCTOR	01/01/2001	

The record will appear in the grid with an A in the **Add/Del** column.

This indicates that the record is a newly-added record and has not been submitted to the MMIS.

Provider ID: <input type="text"/>	Begin Date: <input type="text"/> 	End Date: <input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Remove"/>
--------------------------------------	---	-----------------------------------	------------------------------------	---------------------------------------

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

[Main](#) [Help](#) [Log Out](#)

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
Medical Home Provider Effective Date:

National Pr 9999999999

To remove an affiliation:

[Address and Publications](#) [Medical/License Information](#) [Provider Affiliations](#) [ACC Provider Opt-In](#)

Add/Del	Provider ID	Provider Name	Begin Date	End Date
	01234567	WEB PORTAL TRAINING	01/01/2001	
	11111111	TRAINING, PROVIDER	01/01/2001	12/31/2009
A	87654321	KNOWITALL DOCTOR	01/01/2001	

Click on the provider record in the grid.

Enter the End Date.

Click on the Remove button.

Provider ID:

Begin Date:

End Date:

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)
[Main](#) [Help](#) [Log Out](#)

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
 Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
 Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications **Medicare/License Information** **Provider Affiliations** **ACC Provider Opt-In**

Add/Del	Provider ID	Provider Name	Begin Date	End Date
D	01234567	WEB PORTAL TRAINING	01/01/2001	09/01/2012
	11111111	TRAINING, PROVIDER	01/01/2001	12/31/2009
A	87654321	KNOWITALL DOCTOR	01/01/2001	

The record will appear in the grid with a D in the **Add/Del** column.

This indicates that the record is a newly-deleted record and has not been submitted to the MMIS.

Provider ID:	Begin Date:	End Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add"/>		<input type="button" value="Remove"/>

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)
[Main](#) [Help](#) [Log Out](#)

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
 Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
 Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications **Medicare/License Information** **Provider Affiliations** **ACC Provider Opt-In**

Add/Del	Provider ID	Provider Name	Begin Date	End Date
D	01234567	WEB PORTAL TRAINING	01/01/2001	09/01/2012
	11111111	TRAINING, PROVIDER	01/01/2001	12/31/2009
A	87654321	KNOWITALL DOCTOR	01/01/2001	

To print the provider information, click on the **Print** button.

Provider ID: Begin Date: End Date:

Click here.

Print **Submit** **Cancel**

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

PROVIDER INFORMATION

Provider ID:	99999999	Provider Name(Legal Name):	IMA TEST PROVIDER	Tax ID/SSN:	999999999
Status Effective Date:	08/01/2012	DBA:	TEST PROVIDER CLINIC	Status:	ACTIVE
Medical Home Provider Effective Date:					

ADDRESSES AND PUBLICATIONSLocation Address

Address:	999 IMA TEST STREET	Suite # or C/O:		City:	TESTING
State:	CO	Zip Code:	99999-	County:	Teller
Phone:	(000)000-0000	Fax:	(000)000-0000		

Billing Address

Address:	999 IMA TEST STREET	Suite # or C/O:		City:	TESTING
State:	CO	Zip Code:	99999-	County:	Teller
Phone:	(000)000-0000	Fax:	(000)000-0000		

Mailing Address

Address:	999 IMA TEST STREET	Suite # or C/O:		City:	TESTING
State:	CO	Zip Code:	99999-	County:	Teller
Phone:	(000)000-0000	Faxback Eligibility:			

Publication Information

Current Media:	NONE	Change Media To:		E-mail Address:	
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MEDICARE/LICENSE INFORMATION

Add/Del	Medicare ID	Begin Date	Type	License Number	End Date
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PROVIDER AFFILIATIONS

Add/Del	Provider ID	Provider Name	Begin Date	End Date
	01234567	WEB PORTAL TRAINING	08/01/2012	12/31/9999
	87654321	KNOW IT ALL, DOCTOR	08/01/2012	12/31/9999
	11111111	TRAINING, PROVIDER	08/01/2012	12/31/9999

[Print](#)[Back](#)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)
[Main](#) [Help](#) [Log Out](#)

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
 Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date: 06/28/2006
 Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

Address and Publications **Medicare/License Information** **Provider Affiliations** **ACC Provider Opt-In**

Add/Del	Provider ID	Provider Name	Begin Date	End Date
D	01234567	WEB PORTAL TRAINING	01/01/2001	09/01/2012
	11111111	TRAINING, PROVIDER	01/01/2001	12/31/2009
A	87654321	KNOWITALL DOCTOR	01/01/2001	

Click on the ACC Provider Opt-In tab.

When finished making the updates to the provider information, click on the **Submit** button at the bottom of the screen to submit the information to the MMIS, or

Provider ID: <input type="text"/>	Begin Date: <input type="text"/>	Add	End Date: <input type="text"/>	Remove
--------------------------------------	-------------------------------------	------------	-----------------------------------	---------------

Print **Submit** **Cancel**

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

The **ACC Provider Opt-In** tab is used for providers who wish to affiliate as a Primary Care Medical Provider (PCMP) with a Regional Care Collaborative Organization (RCCO) in the Accountable Care Collaborative (ACC) program.



and Financing

Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

[Main](#)

[Help](#)

[Log Out](#)

MMIS Provider Information - *Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757*

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER
Tax ID/SSN: 99999999 DBA: Status: ACTIVE Status Effective Date:
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

[Address and Publications](#) [Medicare/License Information](#) [Provider Affiliations](#) [ACC Provider Opt-In](#)

[View PCMP Provider Information](#)
[View PCMP State Contract](#)

Clicking on the View PCMP State Contract link will open the PCMP State Contract in a new browser window.

[Opt-In as an ACC PCMP Provider](#)

NOTE: If you have chosen to Opt-In as an ACC PCMP provider, a PCMP Agreement will be generated in a separate window. You MUST electronically sign the Agreement to complete this Opt-In process.

Print

Submit

Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related Sites: [Provider Services](#) [CBMS](#) [CHP+](#) [CICP](#) [CPPC](#) [Old Age Pension](#) [HIPAA](#)

[Main](#) [Help](#) [Log Out](#)

Clicking View PCMP Provider Information link will show the following text in a new browser window:

Information should be directed to the fiscal agent at 1-800-237-0757

The Accountable Care Collaborative (ACC) is Colorado Medicaid's predominant health care delivery system. The ACC is designed to improve Medicaid client health outcomes, support providers to become medical homes for Medicaid clients, improve client and provider experience, and control costs.

Providers who opt into the ACC are known as Primary Care Medical Providers (PCMPs). A PCMP is a primary care provider who serves as a Medical Home for ACC clients. A PCMP may be an FQHC, a RHC, or a clinic or other group practice that provides the majority of a Member's comprehensive primary, preventive and sick care. A PCMP may also be individual or a pod of PCMPs that are physicians, advanced practice nurses or physician assistants with a focus on primary care, general practice, internal medicine, pediatrics, geriatrics or obstetrics and gynecology.

[View PCMP Provider Information](#)
[View PCMP State Contract](#)

Opt-In as an ACC PCMP Provider

NOTE: If you have chosen to Opt-In as an ACC PCMP provider, a PCMP Agreement will be generated in a separate window. You MUST electronically sign the Agreement to complete this Opt-In process.

[Print](#) [Submit](#) [Cancel](#)

(Note: Updates that are not allowed can be performed by submitting a paper request form.)



Department of Health Care Policy and Financing



Related

HIPAA

Log Out

Note: Click on the Submit button only after completing all of the updates for all of the tabs. The system will accept only one submission per provider each day.

MMIS Provider Information - Questions on your provider information should be directed to the fiscal agent at 1-800-237-0757

Provider ID: 99999999 Provider Name (Legal Name): IMA TEST PROVIDER Status Effective Date:
Tax ID/SSN: 99999999 DBA: Status: ACTIVE
Medical Home Provider Effective Date:

National Provider Identifier: 9999999999

- Address and Publications Medicare/License Information Provider Affiliations ACC Provider Opt-In

Clicking the Submit button will navigate the user to the Provider Confirmation Page.

Click Submit.

You MUST electronically sign the form to complete this Opt-In process. A confirmation document will be generated in a separate window.

Print Submit Cancel

(Note: Updates that are not allowed can be performed by submitting a paper request form.)

STATE OF COLORADO
Department of Health Care Policy and Financing
Contract

For Participation as a Primary Care Medical Provider in the Accountable Care Collaborative Program

1. PARTIES

This Contract ("Contract") is entered into by and between the undersigned provider in the Colorado Medical Assistance Program ("Contractor"), and the STATE OF COLORADO acting by and through the Department of Health Care Policy and Financing, 1570 Grant Street, Denver, Colorado 80203 ("State" or "Department").

following terms and conditions:

If you have chosen to Opt-In as an ACC PCMP provider, a PCMP Agreement will be generated in a separate window.

State shall not be liable to pay or reimburse Contractor for any limited to, costs or expenses incurred, or be bound by any

3. DEFINITIONS

4/21/2014

Type your name in the box above. Date

99999999 999999

Provider ID Trading Partner

I agree to the terms of this contract and affirm I am authorized to enter into such a contract for this Provider ID.

G. "Work" means the tasks and activities Contractor is required to perform to fulfill its obligations under this Contract, including the performance of the Services and delivery of the Goods.

H. "Work Product" means the tangible or intangible results of Contractor's Work, including, but not limited to, software, research, reports, studies, data, photographs, negatives or other finished or unfinished documents, drawings, models, surveys, maps, materials, or work product of any type, including drafts.

PCMP CONTRACT

- The PCMP Contract page will display the contract with all the Opt-In information compiled.
- The Opt-In information will list the **Provider ID** and the **Trading Partner ID**.
- The contract will also show the current date.
- You **MUST** electronically sign the Agreement to complete this Opt-In process.



STATE OF COLORADO
Department of Health Care Policy and Financing
Contract

For Participation as a Primary Care Medical Provider in the Accountable Care
Collaborative Program

1. PARTIES

This Contract ("Contract") is entered into by and between the undersigned provider in the Colorado Medical Assistance Program ("Contractor"), and the STATE OF COLORADO acting by and through the Department of Health Care Policy and Financing, 1570 Grant Street, Denver, Colorado 80203 ("State" or "Department").

...e to the following terms and conditions:
...forceable on the first day of the month following the month in which the
...). The State shall not be liable to pay or reimburse Contractor for any
...but not limited to, costs or expenses incurred, or be bound by any
...e Date.

Type your name in this box to indicate your electronic signing of the contract.

3. DEFINITIONS

4/21/2014

Type your name in the box above. Date

99999999 999999
Provider ID Trading Partner

I agree to the terms of this contract and affirm I am authorized to enter into such a contract for this Provider.

Click the checkbox to indicate your agreement to the contract. This will enable the Submit button.

Print Submit Cancel

- G. "Work" means the tasks and activities... this Contract, including the performance of the Services and delivery of the Goods.
- H. "Work Product" means the tangible or intangible results of Contractor's Work, including, but not limited to, software, research, reports, studies, data, photographs, negatives or other finished or unfinished documents, drawings, models, surveys, maps, materials, or work product of any type, including drafts.

PCMP CONTRACT

- The **Cancel** button will close the PCMP Contract page and return the user to the Provider Confirmation screen.
- The **Submit** button in the PCMP Contract page will be in disabled state by default.
 - If the checkbox in the page is checked, the **Submit** button will be enabled.
 - If the field that the user can type his/her name and title is blank when the **Submit** button is pressed, an error message “You need to provider your name while submitting the signed contract.” will be displayed.
- The **Print** button will be in a disabled state until the user clicks the **Submit** button to submit the signed contract.



STATE OF COLORADO
Department of Health Care Policy and Financing
Contract

For Participation as a Primary Care Medical Provider in the Accountable Care
Collaborative Program

1. PARTIES

This Contract ("Contract") is entered into by and between the Contractor and the State of Colorado Health Care Assistance Program ("Contractor"), and the STATE OF COLORADO Department of Health Care Policy and Financing, 1570 Grant Street, Denver, Colorado 80202. Contractor and the State hereby agree to the following terms and conditions:

2. EFFECTIVE DATE

This Contract shall be effective or enforceable on the first day of the month in which Contractor signs it ("Effective Date"). The State shall not be liable for non-performance hereunder including, but not limited to, costs of performance, until the Effective Date. No provision hereof prior to the Effective Date.

3. DEFINITIONS

Once the contract has been printed, if desired, click the X in the upper right corner of the window to close the PCMP Contract Page and be returned to the Provider Confirmation screen.

Once the Opt-In selections are successfully submitted in the system and the read-only, signed PCMP Contract page is displayed, the **Print** button will be available for the user to print the signed contract.

Authorized to enter into such a contract for

Print

Submit

Cancel

G. "Work" means the tasks and activities Contractor is required to perform to fulfill its obligations under this Contract, including the performance of the Services and delivery of the Goods.

H. "Work Product" means the tangible or intangible results of Contractor's Work, including, but not limited to, software, research, reports, studies, data, photographs, negatives or other finished or unfinished documents, drawings, models, surveys, maps, materials, or work product of any type, including drafts.



Department of Health Care Policy and Financing



Related Sites:

When the updated information is submitted, a Provider Confirmation screen will display.

ension HIPAA

[Log Out](#)

Provider Confirmation

Thank you for reviewing your provider information.

If you have made changes to your address/publication information, Medicare/license information, or your provider affiliations, the information will be updated within the next 24 hours. After 24 hours, please review that your updates have been processed correctly by logging into the Web Portal and selecting (MMIS) Provider Data Maintenance from the Main Menu. If the information has not been updated, please go to the FRS system to see if there were any errors.

If you are applying to be an Accountable Care Collaborative (ACC) Primary Care Medical Provider (PCMP) or are re-signing the new version of the ACC contract, please contact the Regional Care Collaborative Organization (RCCO) directly to ensure that your opt-in request was received and processed. Please note that it may take 7-10 business days for your opt-in request to be fully processed and received by the RCCO. For further information on the ACC, or to find which RCCO serves your area, please visit the Department web site at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364086675>.

Click on the **OK** button to close the screen.

OK

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

Contact Us:

[Help Desk](#)



[HCPF Home](#)

[StateHome](#)



[Privacy Statement](#)

[Site Map](#)

TRAINING REVIEW

You should now feel comfortable:

- Reviewing and understanding the Annual MMIS Provider Reminder information screen
- Accessing a provider's MMIS information using the **Provider ID** and **Tax ID/SSN**
- Reviewing and updating information under each of the MMIS Provider Information tabs
- Printing the MMIS Provider Information screen



USER SUPPORT

You have plenty of resources if you have questions:

- Training Courses
- In the Web Portal:
 - Help button for every screen
 - Tooltips and Messages
 - User Guides
- Outside of the Web Portal:
 - The Provider Services and Web Portal pages at www.colorado.gov/hcpf
 - Provider Services
 - Provider Bulletins – published monthly



USER SUPPORT CONTACTS

CGI Help Desk can assist you with:

- Technical questions regarding the Web Portal
- Web Portal navigation issues
- Reset passwords/suspended user account resets
- 1.888.538.4275, option 1, or
helpdesk.hcg.central.us@cgifederal.com

Fiscal Agent Provider Services can assist you with:

- Claim problems and claim form completion questions
- Billing or payment questions
- Ordering paper forms
- EDI enrollment
- FRS report issues
- 1.800.237.0757 or 1.800.237.0044



SURVEY

We hope you found the online training beneficial.

Please help us improve this section of the Web Portal by completing a survey regarding the training you just viewed.

You can reach the survey by selecting it from the Main Menu on the main Web Portal screen.

Thank you for your participation!

[Return to Module Selection.](#)

