

# Colorado Medicaid Provider Enrollment Application Instructions

Colorado Medicaid provider enrollment is required for all CU GME trainees. Please follow the instructions below to apply and/or confirm existing enrollment.

## Step 1: Confirm Existing “Ordering, Prescribing, Referring” Enrollment - *This step only applies to those who have previously trained in Colorado. All others should proceed to Step 2.*

Confirm if you are already enrolled in Colorado Medicaid as an “Ordering, Prescribing, Referring” (OPR) enrollment type by [logging in to Health First Colorado](#), selecting the “Provider Maintenance” option, and “Specialty and Contact Information Changes” on the left hand menu. If you are enrolled as an OPR, a new application does not need to be submitted. Simply save a screenshot or pdf version of this “Provider Maintenance: Specialist and Contact Information” page (including name, enrollment type, and “active” status) and upload to MedHub.

**NOTE:** If you are already enrolled as a provider for moonlighting you do not need to re-enroll as an “Ordering, Prescribing, Referring”. Simply save a screenshot of your enrollment status and upload to MedHub.

## Step 2: Complete Online Enrollment Application

Go to [Health First Colorado’s website](#) → Select Enrollment Application → Continue.

As you are completing the application, please **carefully reference the instructions provided below for each section**. If the application is not filled out correctly, it will be rejected by Health First Colorado and will lead to delays in your enrollment. If you are unsure about any of the instructions provided, please contact [Kelly Knight](#) BEFORE submitting your application.

**IMPORTANT NOTE:** If you choose the **“Finish Later”** option to save your progress on the application and return at another time, **you must keep a record of your Tracking ID and Tax ID (SSN)**. You will need this information to resume the application and may need to start over completely if you lose it. When selecting “Finish Later”, the tracking ID should appear on your webpage for you to copy and save for future reference. To resume the application, choose the “Resume Enrollment” option on the [Health First Colorado’s website](#).

### Initial Enrollment Information:

- Enrollment Type: Select **Ordering, Prescribing, Referring**
- Provider Type: Select **05-Physician** (DOs should select **Osteopath**)
- Requesting Enrollment Effective Date: Enter CU training program start date (do **NOT** enter a future date)

## Initial Enrollment Information

\*Enrollment Type

\*Provider Type

\*Requesting Enrollment Effective Date

Enter CU training program start date  
(e.g. 6/23/2020, 7/1/2020, 8/1/2020)

### Provider Information:

- NPI: Enter NPI number
- NPI Zip + 4: Enter the 9-digit zip code listed in the [NPPES NPI Registry](#) for your **Primary Practice Address**
- Taxonomy: Take the two steps below to verify your taxonomy and ensure that you list the correct information in the application
  - 1) Ensure there is only **one** taxonomy code associated with your NPI number. You can [verify your NPI taxonomy code here](#) (if there are more than one, your application will be rejected).
    - If you have a Training [License](#) (TL.), the taxonomy code associated with your NPI number and listed on this application **MUST** be **39020000X (Student in an Organized Health Care Education/Training Program)**.
    - If you have a Full [License](#) (DR.), your taxonomy may be listed as 39020000X (Student in an Organized Health Care Education/Training Program) or another code. Either is fine. Just ensure there is only one listed.
    - If you need to update your taxonomy you can do so [via the instructions provided on the NPPES website](#). If you do update your NPI number, do not submit this application until you have received confirmation of the update.
  - 2) Ensure the taxonomy code listed for your NPI number on the NPPES website matches that listed in this application. If it does not, your application will be rejected.

*For additional clarification regarding taxonomy please contact [Kelly Knight](#).*

- Tax ID Number: Enter SSN
- Tax ID Type: **SSN**
- Effective date: Leave blank
- Do you have a current CO Medicaid ID? Select No (if asked – may not be prompted to answer this question on your application)
- Were you previously enrolled as a provider? Select No (if asked – may not be prompted to answer this question on your application)

## Provider Information

The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.

\*NPI  \*NPI Zip +  4 \*Taxonomy

\*Tax ID Number  \*Tax ID Type  EIN  SSN

Effective Date

Must match NPI taxonomy code\*

Contact Information: Enter your contact information.

- Contact Email: Your CU email address, unless you would like to receive CO Medicaid emails at your primary email address.
- Email for Provider Publications: Your CU email address, unless you would like to receive CO Medicaid emails at your primary email address.

Change of Ownership:

- Is this application due to a change of ownership or change of EIN?: Select “No”

Specialties:

- Specialty: Physician
- Effective Date: Enter CU training program start date
- Taxonomy: Select the appropriate specialty in the drop-down list
- Click **Add**

**Specialties**

The provider type is established on the Request Information screen. All specialties available for the selected provider type can be added on this screen.

\* Indicates a required field.  
✓ Indicates a primary record.

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

| Specialty   | Taxonomy   | Effective Date                       | End Date                      | Action                                      |
|---|--|--------------------------------------|-------------------------------|---|
| Click to collapse.  |  |                                      |                               |   |
| *Specialty <input type="text" value="Physician"/>                       | Provider Type <input type="text" value="Physician"/> | *Effective Date <input type="text"/> | End Date <input type="text"/> | Primary <input checked="" type="checkbox"/> |
| *Taxonomy <input type="text" value="Internal Medicine"/>                |  |                                      |                               |   |
| <input type="button" value="Add"/> <input type="button" value="Reset"/> |  |                                      |                               |   |

Enter CU training program start date (e.g. 6/23/2020, 7/1/2020, 8/1/2020)

Provider Addresses: Three addresses must be entered for **Service Location**, **Billing**, and **Mailing**.

- Address Type: Select **Service Location** (mark as “primary address”)
- Location Code: Select **In-State**
- Address: Primary hospital (Children’s Hospital Colorado and UHealth addresses listed below. Contact your [program coordinator](#) if you are unsure what your primary service location is)

- CHCO: 13123 E 16th Ave, Aurora, CO 80045-7106
- UCH: 12605 E 16th Ave, Aurora, CO 80045-2545
- Primary Email: Your CU email address, unless you would like to receive CO Medicaid emails at your primary email address.
- Phone: The phone number listed for your program in the [CU GME Program Directory](#)
- Check “Primary Address” box
- Click **Add**

**Provider Addresses**

The service location name and address generally is the site where members obtain services and is either owned or rented by the provider. This location should be where supporting documentation related to claims is maintained.

The service location address must be a physical location. A post office box is not a valid service location address.

The service location address must include an office phone number and at least one email address. It is desired that the service location address provide a fax phone number.

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

| Type               | Address                 | City  | State                   | Action       |
|--------------------|-------------------------|---|-------------------------|--------------|
| Click to collapse. |                         |   |                         |              |
| *Address Type      | Service Location        | Primary Address <input checked="" type="checkbox"/> |                         |              |
| *Location Code     | In-State                | Primary hospital address                            |                         |              |
| *Address           | [Text Input]            |   | County                  | [Dropdown]   |
| *City              | [Text Input]            | *Zip Code   | [Text Input]            |              |
| *State             | [Dropdown]              | Confirm Email                                       | JOHN.SMITH@HOSPITAL.COM |              |
| Primary Email      | JOHN.SMITH@HOSPITAL.COM | Confirm Email                                       | [Text Input]            |              |
| Secondary Email    | [Text Input]            | Confirm Email                                       | [Text Input]            |              |
| Phone              | [Dropdown]              | [Text Input]  | Ext                     | [Text Input] |
| Phone              | [Dropdown]              | [Text Input]  | Ext                     | [Text Input] |

- List the same address for **Billing** location
  - Select COPY under Action column for Service Location → OK
  - Select the copied address as the Billing Address
  - Email and Phone: Same as Service Location (CU email and program phone)
  - Pay To Name: Enter your name
  - Click **Add**
- Add the **Mailing** location (program office address)
  - Click on the + symbol, enter program address (obtain from your [program coordinator](#))
  - Email and Phone: Same as Service Location (CU email and program phone)
  - Mail To Name: Enter your name
  - Click **Add**

**Provider Addresses**

The provider addresses identify the location where a provider renders services, as well as locations that are used for billing and payment. At least one address must be selected as the primary address.

All Providers must enter a Service Location, Billing, and Mailing address. **Primary hospital address**

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

| Type                                      | Address | City   | State    | Action                                      |
|---|---------|--------|----------|---|
| <input type="checkbox"/> Service Location |         | AURORA | Colorado | <a href="#">Copy</a> <a href="#">Remove</a> |
| <input type="checkbox"/> Billing          |         | AURORA | Colorado | <a href="#">Copy</a> <a href="#">Remove</a> |
| <input type="checkbox"/> Mailing          |         | AURORA | Colorado | <a href="#">Remove</a>                      |

You have reached the maximum number of addresses allowed for this list.

**Program address** Continue Finish Later Cancel

Provider Identification: Complete all required fields.

- Individual Providers: Add medical school attended. If the full name of your medical school does not fit in the box, just enter as much as you can.
- License: Enter your Colorado license information. Lookup license information using the [DORA License Lookup](#) tool and enter information **exactly** as listed
  - License #: Use official format listed in DORA (e.g. TL.0001234, DR.0012345)
  - Effective Date: Enter the "Original Issue Date" as listed in DORA
  - End Date: Enter the "Expiration Date" as listed in DORA

**Provider Identification**

\* indicates a required field.

**Provider Legal Name**

The provider legal name and information is provided once for each enrollment.

\*Last Name   
 \*First Name   
 Middle  Suffix

**Individual Providers**

\*Gender  \*Birth Date

Fields marked "required" in this section are only required if any information is entered in this section. Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

| Degree                      | School               | Year of Graduation | Action                 |
|-----------------------------|----------------------|--------------------|------------------------|
| <input type="checkbox"/> MD | UNIVERSITY OF CO SON | 2014               | <a href="#">Remove</a> |

Click to add degree information

**Use format listed in DORA (e.g. TL.0001234, DR.0012345)** **Enter Original Issue Date as listed in DORA** **Enter Expiration Date as listed in DORA**

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

| License #            | Effective Date       | End Date             | License State                         | Action |
|----------------------|----------------------|----------------------|---------------------------------------|--------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Colorado"/> |        |

Click to collapse. Add Reset

- Medicare Participation: Leave blank
- Managed Care Network Participation: Leave blank (even though application indicates that it is a required section, it is not)

- CLIA Certification: Leave blank
- DEA #: Leave blank

Malpractice/General Liability Insurance: [MedHub homepage](#) → Review Records → Malpractice Confirmation 2021 (Shared Files section)

- Enter the Carrier Name: Self Insured
- Policy ID: None
- Insurance Type: Tort
- Effective Date: Training Start Date listed on GME malpractice letter
- Expiration Date: Anticipated end date of your entire CU training program
- \* Accessible via your [MedHub homepage](#) → Review Records → Malpractice Confirmation 2021
- Click **Add**

**Malpractice/General Liability Insurance**

Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

| Name               | Policy ID           | Effective Date   | Expiration Date   | Action |
|--------------------|---------------------|------------------|-------------------|--------|
| Click to collapse. |                     |                  |                   |        |
| *Carrier Name      | Self Insured        | *Policy ID       | None              |        |
| *Effective Date    | Training Start Date | *Expiration Date | Training End Date |        |

**Add** **Reset**

**Date should match Start Date listed on your GME Malpractice letter\***

CLIA: Leave blank

Board Certification: Leave blank

Medicare Participation: Answer based on your individual circumstances but note that the most common responses to all questions except #7 are NO

Disclosures: Click through Disclosure A-F to answer the questions. The status will change from "new" to "Completed" after answering.

- A – Ownership/Controlling Interest – Answer NO to 1 &2, CLICK ADD, CLICK SUBMIT
- B – Subcontractor Ownership - Answer NO to 1 &2, CLICK ADD, CLICK SUBMIT
- C – Individual Relationships - Answer NO to 1, CLICK ADD, CLICK SUBMIT
- D – Managing Employees - Answer NO to 1, CLICK ADD, CLICK SUBMIT
- E – Business Relationships - Answer NO to 1 &2, CLICK ADD, CLICK SUBMIT
- F – Convictions of a Criminal Offense - Answer NO to 1 &2, CLICK ADD, CLICK SUBMIT

Attachments: Attach a copy of your **CO Medical License** and **Malpractice Letter**

- Colorado Medical License (DORA)
  - Retrieve and print a copy of your license information from the [DORA License Lookup](#) tool → Printable View
  - Attach document to your application by selecting Browse, Navigate to the attachment, and select document.

- The attachment type is “DORA”
- Click **Add**
- GME Malpractice Letter
  - Retrieve and save a copy of your malpractice letter ([MedHub homepage](#) → Review Records → Malpractice Confirmation 2021 (Shared Files section))
  - Attach document to your application by clicking the +to add another document, selecting Browse, Navigate to the attachment, and select.
  - The attachment type if “Proof of Malpractice/Liability”
  - Click **Add**

### Terms of Agreement

- Click on the Provider Participation Agreement, which will open a new page
- Navigate back to the enrollment application
- Accept, sign, select “Review”, and Submit
- Print/save a copy for your records (you will need your **Tax ID** and **tracking number** to track enrollment status and/or return to finish the application at a later date)

### **Step 3: Confirm Application Approval**

- You will receive an approval letter from Health First Colorado via email once your application is approved. Application processing can take up to 10 business days.
- You can track your application status via the [Health First Colorado Provider Enrollment – Status Tool](#). If you have additional questions about the status of your application, contact Health First Colorado at 1-844-235-2387 (requires name, SSN, NPI).
- If errors are identified in your application, you will receive details from Health First Colorado via email regarding necessary corrections and next steps.  
**NOTE:** Make sure to reattach your CO Medical License and Malpractice Letter documents before resubmitting your application.
- If you run into issues with your application, please reach out to [Kelly Knight](#) for further guidance.

### **Step 4: Upload Proof of Enrollment to MedHub**

Once your application is approved, you will need to upload proof of enrollment to your MedHub onboarding package. Acceptable forms of documentation include any of the following:

- Official approval letter from Health First Colorado (sent via email) - preferred
- A screenshot of your “approved” status within the Health First Colorado system. Screenshot must include your name, enrollment type (Ordering, Prescribing, Referring), and enrollment “approved” status.
- A screenshot of your “approved” status as listed in the [Health First Colorado Provider Enrollment – Status Tool](#). Screenshot must include your name, enrollment type (Ordering, Prescribing, Referring), and enrollment “approved” status.