Provider Revalidation & Enrollment: Helpful Steps for Getting Started

**Step 1:** Determine what Type of Provider you are

- It’s important to know what provider type(s) you are or want to enroll as
- Learn more about provider types

**Step 2:** Determine your Enrollment Type

- Your enrollment type will be determined on a couple of different factors: including **how your billing is set up** and whether you want **income reported under an EIN or SSN**.
- For further information on “Enrollment Type Definitions,” see **Appendix A**.
- Make sure you **cross check your provider type to your enrollment type**, as not all enrollment types are available for each provider type. See **Appendix B** for additional information and examples.

**Step 3:** Review Educational Resources and Training Tools

- It is highly recommended to complete the following steps **prior to starting your application**:
  - Download and review the **Provider Enrollment Manual**
  - Take the online Provider Enrollment training. It will give you an e-tour of the application, as well as some tricks and tips.
- In order to access the modules, visit the **Training Portal for Colorado Medicaid**. You will need to register by clicking the “register here” link under the login button on the far right side of the page.
- The first course, “**PE-1 Provider Enrollment Training**” is **only an introduction** to help point you to the training course most appropriate for you. You will need to take a different course after that to learn about the Online Provider Enrollment tool for your particular situation.
  - You will need to create an account; use the group code “PROV”
  - It may take a few minutes after you register for the course to show; make sure you click the “My Account” button at the top of the page. Anytime you lose your way in the training portal, just click on the “My Account” button to get back to the training modules

Note: All information provided was taken from the HCPF Provider Resources Webpage: www.colorado.gov/hcpf/provider-resources
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Step 4: Gather the necessary information - use a handy checklist

- You will need to review pages 4-6 in the Provider Enrollment Manual, as well as the Information by Provider Type for the required documentation for the provider type/enrollment type you are applying as
- You may use copies of documents
- You will be uploading through the “attachments” section of your application. **Do not upload** your documents until you are ready to SUBMIT your application, as the system will not hold your documents if you choose, “Finish Later.”

Step 5: Complete the Application using the [Online Provider Enrollment Tool](#)

- If you choose to “Finish Later” you **MUST** keep track of your tracking number, password, and the TiN you used. **IF YOU LOSE YOUR PASSWORD, YOU WILL HAVE TO START THE APPLICATION OVER.**
- Read about the 5 top reasons your application may be sent back for correction. See [Appendix C](#).
- Do you need technical assistance with your revalidation/enrollment? [Join a Technical Support “live chat” session](#) on Tuesdays and Thursdays from 1:00-2:00 pm. No registration is required. Have your Tracking ID number(s) and TiN handy so that you can get your specific application questions answered.
- Questions? You can [email questions](#) regarding your application(s).
- Once you have submitted your application you can [check the status](#)
  - ✓ Note: You will need your Tracking Number and TiN.
Appendix A: Enrollment Type Definitions

Your enrollment type will be dependent on a couple of different factors; including how your billing is set up and whether you want income reported under an EIN or SSN.

Here are the definitions for each enrollment type:

**Individual within a Group:**
This enrollment type is for an individual that **renders services** but **does not bill Colorado Medicaid directly**. Providers must be associated with a Group that submits claims on their behalf.

- Individuals within a group must use their SSN as the tax ID type. This does not mean Colorado Medicaid will report your income to the IRS under that SSN, we use it for screening purposes only. The income from Colorado Medicaid is submitted to the IRS under the Group's EIN.
- Individuals within a group must associate to one or more "Groups". On a claim the individual within a group would be the rendering provider, and the group would be the billing provider.

**Group**
This enrollment type is a clinic or practice that will submit claims on behalf of one or more **Individuals within a Group** provider enrollment type. Income is reported to the IRS under the business EIN.

- Groups must use the business EIN as the tax ID type.
- Billing/direct pay entity
- Groups must have at least one enrolled Individual within a Group provider enrollment type associated, this association is done on the individual within a group application. On a claim the group would be the billing provider and the individual within a group would be the rendering provider.

**Billing Individual**
This enrollment type is an individual who receives direct payment for services rendered and submits claims for his/her own services.

- Billing Individuals must use their SSN as the tax ID type. Colorado Medicaid will report your income to the IRS under that SSN, and we will use it for screening purposes.
- Billing Individuals are not associated to a "Group". On a claim the billing individual would be both the rendering provider, and the billing provider.
- Billing/direct pay entity

**Facility**
This enrollment type is for an entity that will be submitting claims for services rendered. An associated Individual within a Group provider enrollment type is not required/allowed.

- Facilities must use the business EIN as the tax ID type. The income from Colorado Medicaid is submitted to the IRS under the Facilities' EIN.
- Billing/direct pay entity

**Atypical**
Atypical providers are those who may not be required to have a National Provider Identifier (NPI) or taxonomy code. These providers may include, but are not limited to, Home and Community-Based Waiver Services (HCBS) providers, Managed Care Organizations (MCOs), and Behavioral Health Organizations (BHOs).

- Enrollment requirements vary

**OPR = Ordering, Prescribing, Referring**
This enrollment type is for individuals who only order, prescribe or refer items or services covered by Colorado Medicaid for Colorado Medicaid members. These physicians and other professionals are not enrolled as an Individual within a Group or a Billing Individual and will not submit claims for payment of services rendered.

- OPRs must use their SSN as the tax ID type, for screening purposes.
- An OPR provider **cannot bill for services**; they can only order, prescribe, or refer. If you think you might want to render services rather than just make referrals, you should enroll as a different enrollment type.

(Only the following provider types have the option to enroll as an OPR provider; Audiologist, Certified Registered Nurse Anesthetist, Dentist, Nurse Midwife, Nurse Practitioner, Optometrist, Orthodontist, Osteopath, Physician, Podiatrist, Psychologist PhD)

**Tips:**
Make sure you cross **check your provider type to your enrollment type**, as not all enrollment types are available for each provider type. You can see the enrollment types available for each provider type, by clicking on your provider type on the [Information by Provider Type web page](#).
# Appendix B: Make Sure Your Enrollment Type Matches Your Provider Type

Every “Provider Type” has specific “Enrollment Type” options. Please see below examples.

## Clinic - Practitioner Group

<table>
<thead>
<tr>
<th>Provider Type Code (16)</th>
<th>Enrollment Type Options</th>
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<tbody>
<tr>
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<td>Group</td>
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The “Provider Type”: **Clinic – Practitioner Group** has one “Enrollment Type” option: **Group**.

## Nurse Practitioner

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<th>Provider Type Code (41)</th>
<th>Enrollment Type Options</th>
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<tbody>
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<td>Billing Individual</td>
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<td></td>
<td>Individual within a Group</td>
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<tr>
<td></td>
<td>Ordering Prescribing Referring</td>
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</tbody>
</table>

The “Provider Type”: **Nurse Practitioner** has three “Enrollment Type” options: Billing Individual, Individual within a Group, and Ordering Prescribing Referring.

## Physician

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<th>Provider Type Code (05)</th>
<th>Enrollment Type Options</th>
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<tr>
<td></td>
<td>Individual within a Group</td>
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<tr>
<td></td>
<td>Ordering Prescribing Referring</td>
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</table>

The “Provider Type”: **Physician** has three “Enrollment Type” options: Billing Individual, Individual within a Group, and Ordering Prescribing Referring.

## Physician Assistant

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<th>Provider Type Code (39)</th>
<th>Enrollment Type Options</th>
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<tbody>
<tr>
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<td>Individual within a group</td>
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</table>

The “Provider Type”: **Physician Assistant** has one “Enrollment Type” option: Individual within a Group.
Appendix C: Top 5 Reasons Your Revalidation/Enrollment Application will be Sent Back for Correction

If you have not submitted your online application, or you have more applications to submit, keep the following five (5) tips in mind to avoid having your application sent back for correction, also known as “Return to Provider” (RTP) status.

1. **Request Information Panel**: If your “enrollment type” is a group or a facility, you should use your Employer Identification Number (EIN) as the Tax ID. If your “enrollment type” is individual within a group; billing individual; or Ordering, Prescribing, or Referring (OPR), you should use your social security number (SSN) as the Tax ID (make sure you also choose the correct radio button). See pg. 21*

2. **Addresses Panel**: The billing address on your application must match the address on the W-9. The Pay to Name on your application must match the name on the W-9. See pg. 43*

3. **Provider Identification Panel**: If your “enrollment type” is a group, facility, or atypical you will need to indicate your organization type. The organization type on the application and the “federal tax classification” on your W-9 need to match. See pg. 55*

4. **Disclosures Panel**: If your “enrollment type” is a group, facility or atypical (enrolling with an EIN) you have ownership or controlling interest. Even if you have a volunteer board of directors with 0% controlling interest, you must disclose then, this is required in order to be compliant with the Federal Provider Screening Regulations (you can type 0 in the % interest box, if applicable). See pg. 95*

5. **Attachment and Fees Panel**: W-9’s and bank letters must be signed and dated within the past six (6) months. If you entered your insurance, license, and certification information in the application, don’t forget to attach copies of these documents as well! See pg. 114*

*Indicates the corresponding page in the Provider Enrollment Manual