COLORADO
Department of Health Care
Policy & Financing

Community Health Worker and Community Health Representative Enrollment Quick Guide

Step-by-Step Enrollment Guide

Important note: make sure to finish each step before moving on to the next one.

Step 1: Acquire a National Provider Identifier (NPI)

- A Type 1 Individual NPI will be required when enrolling as a CHW/CHR (Individual within a Group). Apply for a Type 1 Individual NPI through the NPPES website.
- For questions about NPI's contact: customerservice@npinumerator.com
- Step-By-Step Guide for NPI Application

Step 2: Gather Necessary Documents and Information

- There are several documents that are required to successfully complete HCPF provider enrollment. A checklist of the documents and information needed can be found below.
- To provide CHW/CHR services, new and existing HCPF providers will be required to enroll as a Community Health Agency (Group) and have a CHW/CHR who is on the CDPHE-Community Health Worker Registry who is enrolled with HCPF as a Community Health Worker or Community Health Representative* (Individual within the group).

Individual within a Group	Group
• Must use the Social Security Number (SSN) as the Tax ID Type • Must associate to a Community Health Agency. • The group to which the individual affiliates must have an approved enrollment before the individual can enroll.	• Income is reported to the Internal Revenue Service (IRS) under the business Employer Identification Number (EIN) • Must use the EIN as the Tax ID Type • Billing and Direct Pay Entity • Must have at least one (1) enrolled Individual Within a Group practitioner associated. o These associations may be added, removed, or changed after enrollment by logging into the Provider Web Portal.

The Community Health Representative (CHR) specialty is specific to and only available to tribal CHRs.

Step 3: Register and complete the Application

- Once Steps 1 and 2 are complete, it is now time to complete the HCPF Provider Enrollment Application.
- Complete the application online
- Click enrollment information by provider type-Community Health Agency
- Step-by-step guide of Provider Enrollment

Step 4: Complete Background & Fingerprinting

- Once your application is submitted, it will trigger a request for a background check, you will have 30 days to complete your fingerprinting, the Application Tracking Number (ATN) will be associated with your Colorado Bureau of Investigation (CBI).

- **Note:** To ensure that your fingerprint background check results are routed to the correct place, use the following codes when you set up your appointment.
- IdentoGO
- Service Code: 25YQG9
- Service Name: Department of Health Care Policy & Financing-Medicaid
- Colorado Fingerprinting
- CBI Unique ID: CPACMDCI
- Reason Fingerprinted: Department of Health Care Policy & Financing- Medicaid
- More information on the Fingerprinting Enrollment Requirement can be found on the HCPF Provider Enrollment webpage under "Enrollment FAQs".

Application Finalization

- Notification of acceptance depends on several factors. If an application is returned to the provider for additional information, prompt responses can prevent further delays. Approval timelines vary based on how quickly the provider submits the requested information and schedules a site visit.
- Once approved, notification will be sent to the contact information in the enrollment application confirming approval. You are now an enrolled Health First Colorado provider and may now register in the Provider Portal.
- Provider Portal Registration Quick Guide
- After you have registered in the Provider Portal, you may begin billing for approved services.

Application Document Checklist

The following documents are required to complete the HCPF Provider Enrollment application:

☐National Provider Identifier (NPI)

- Group Enrollment (Community Health Agency): Organizational NPI and associated zip code +4
- Individual Within a Group Enrollment (Community Health Worker/Community Health Representative): Individual NPI and associated zip code +4

☐Taxonomy

- **CHW/CHR Taxonomy:** 172V00000X (can be used for "Individual within a Group" enrollment **and** "Group" enrollment)
- The following Taxonomies can be used for the Community Health Agency (Group) Enrollment type **ONLY:**

172V00000X-Community Health Worker	193400000X-Single Specialty Group	193200000X-Multi-Specialty Group	251K00000X-Public Health or Welfare	2083P0901X-Public Health & General Preventive Medicine

☐Employer Identification Number, Social Security Number, **or** Individual Taxpayer Identification Number

- If you are enrolling your agency (ex. clinic, CBO, practice, etc.) as a Community Health Agency (Group enrollment), use your Employer Identification Number (EIN)
- If you are enrolling as an individual CHW/CHR who will be affiliated with a Community Health Agency enrollment type, use your Social Security Number (SSN)

- If you do not have a SSN or are not eligible to obtain a SSN, you may use your Individual Taxpayer Identification Number (ITIN). More information can be found on the IRS ITIN webpage.

☐Completed W-9

- This form must be completed and dated within the last six (6) months.
- ***Note:** this form is required for Community Health Agency enrollments **only.**

☐Malpractice or Liability Insurance

- Insurance information must be entered on the application by all provider types. Providers are not required to attach a copy to the enrollment application.

☐Banking Information

- Electronic Fund Transfers (EFTs) are required for payments. A copy of a voided check or bank letter that is signed and dated within six (6) months of the application submission must be uploaded to the application on the Attachments and Fees panel.
- ***Note:** a voided check or bank letter is for Community Health Agency enrollments **only.**

☐Ownership/Controlling Interest Information and Conviction Disclosure Information

- The following information is required for each person or entity with an ownership interest of 5% or more in the enrolling provider (including a Board of Directors with 0% ownership): Name, Address, EIN/SSN, and Date of Birth (DOB) if controlling interest is owned by an individual.
- Disclosure Completion Instructions for an agency
- Disclosure Completion Instructions for an individual

☐CHW Registry Information

- Once you are placed on the CDPHE-Community Health Worker Registry, you will be provided with a copy of the certificate. This certificate will need to be uploaded with each CHW/CHR (Individual within a Group) and a Community Health Agency (Group) enrollment.

☐Fingerprinting and Background Check

- Fingerprint criminal background checks are based on the level of screening for risk of fraud, waste and abuse as determined for that category of provider type (42 CFR 455.434).
- **Note:** To ensure that your fingerprint background check results are routed to the correct place, use the following codes when you set up your appointment.
- IdentoGO
- Service Code: 25YQG9
- Service Name: Department of Health Care Policy & Financing-Medicaid
- Colorado Fingerprinting
- CBI Unique ID: CPACMDCI
- Reason Fingerprinted: Department of Health Care Policy & Financing- Medicaid
- More information on the Fingerprinting Enrollment Requirement can be found on the HCPF Provider Enrollment webpage under "Enrollment FAQs".

☐Site Visit

- Site visits are based on the level of screening for risk of fraud, waste, and abuse as determined for that category of provider type (42 CFR 455.432).
- A representative from Gainwell Technologies will contact the Community Health Agency to schedule a visit.

Additional Resources

- [CHW Newsletter](#)
- [Provider Help Contacts](#)
- [Provider Enrollment Best Practices](#)
- [Common Reasons Enrollment Applications Return](#)
- [Provider Training](#)
- [CHW/CHR Webpage](#)
- [Provider Enrollment Portal](#)
- [Provider Bulletins](#)