Provider Enrollment Portal Quick Guide: Backdating a New Enrollment Application

All providers are able to request an enrollment effective date up to 365 days prior to the current date. **This only applies to providers starting a new enrollment application and providers resuming an application that is still in process**.

For providers who are already enrolled and approved, a Backdate Enrollment Form (located on the Provider Forms page under Provider Enrollment & Updated Forms) must be completed and mailed to DXC.

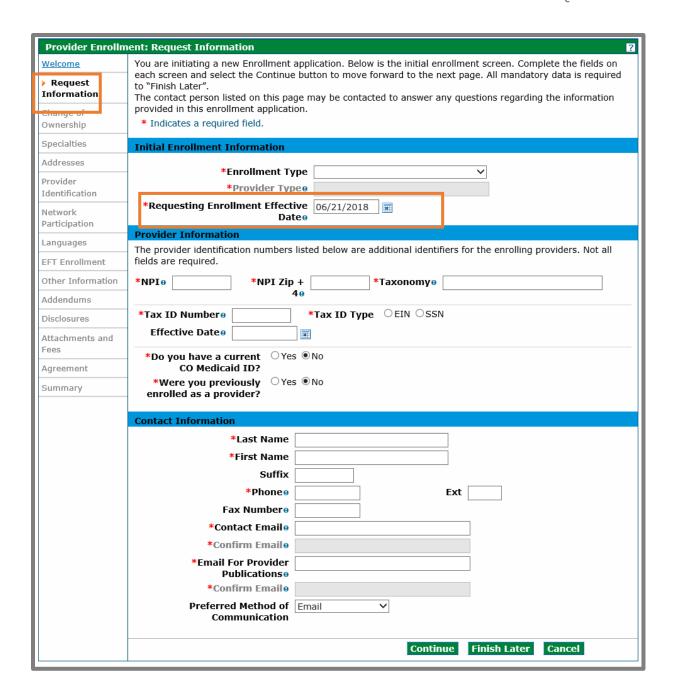## 1. Login to the Provider Enrollment Portal

2. Request Information Panel

The "Requesting Enrollment Effective Date" field is defaulted to the current date for new enrollment applications. Providers may enter a backdate up to 365 days prior to the current date in the "Requesting Enrollment Effective Date" field.

For providers resuming an enrollment application that is still in process, the "Requesting Enrollment Effective Date" field will be populated with the date entered when the application was last saved. That date must be within 365 days prior to the current date.

Providers should complete the remainder of their enrollment application. If the enrollment and backdate request are approved, the provider will receive a Welcome Letter which will contain the provider's backdated contract effective date.

Refer to the example on page 2.

Provider Enrollment: Request Information   ?

Welcome

▶ Request Information

Change of Ownership

Specialties

Addresses

Provider Identification

Network Participation

Languages

EFT Enrollment

Other Information

Addendums

Disclosures

Attachments and Fees

Agreement

Summary

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.

* Indicates a required field.

Initial Enrollment Information

*Enrollment Type [▼]

*Provider Type❶ [   ]

*Requesting Enrollment Effective Date❶ [06/21/2018] [📅]

Provider Information

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

*NPI❶ [   ] *NPI Zip + 4❶ [   ] *Taxonomy❶ [   ]

*Tax ID Number❶ [   ]   *Tax ID Type ○EIN ○SSN

Effective Date❶ [   ] [📅]

*Do you have a current CO Medicaid ID? ○Yes ●No

*Were you previously enrolled as a provider? ○Yes ●No

Contact Information

*Last Name [   ]

*First Name [   ]

Suffix [   ]

*Phone❶ [   ]   Ext [   ]

Fax Number❶ [   ]

*Contact Email❶ [   ]

*Confirm Email❶ [   ]

*Email For Provider Publications❶ [   ]

*Confirm Email❶ [   ]

Preferred Method of Communication [Email   ▼]

[Continue] [Finish Later] [Cancel]

Need More Help?

Please visit the [Provider Enrollment web page](#) to find more resources on enrollment.