COLORADO
Department of Health Care Policy & Financing

Provider Revalidation Manual

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Please read before starting the revalidation application.

It is important to review the information in the provider profile before starting the Revalidation application. Not all information may be edited during completion of the Revalidation application. If any prepopulated information is not current, please follow the process to submit a maintenance request to update the information prior to beginning revalidation. Once the maintenance request is approved, and the updated information displays in the provider profile, please select the "Revalidation" link to begin the Revalidation application. Providers are permitted to have only one request submitted for review at a time.

This manual is designed to serve as a step-by-step guide to follow while completing the Revalidation application.

This guide is targeted toward users who are already familiar with the enrollment process. Refer to the Provider Enrollment Manual located on the Provider Enrollment web page under Enrollment Resources for additional information such as definitions of the fields within each panel.

Introduction

Child Health Plan *Plus* (CHP+) and Health First Colorado (Colorado's Medicaid program) providers must revalidate in the program at least every five (5) years to continue as a provider. HB 18-1282 requires newly enrolling and currently enrolled organization health care providers (not individuals) to obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled in the Colorado interChange. Providers will be contacted via email approximately six (6) months prior to their revalidation deadline. The deadline is based on the date the enrollment application was approved.

Much of the information needed for the Revalidation application will be pre-populated and will not be editable during completion of the Revalidation application. Providers are strongly encouraged to review the profile before beginning revalidation and submit a maintenance request if any information needs to be updated. This will expedite the revalidation process.

If the provider has been assigned a tracking number for the Revalidation application, then determines that un-editable information must be updated, the provider must wait until the revalidation is approved or denied. Once the Revalidation application has been approved, providers will be able to submit a maintenance request to update the information.

Before Beginning

Ensure the latest version of one of the following browsers is installed to navigate through the revalidation application in the Provider Web Portal.

- Microsoft Edge
- Mozilla Firefox
- Safari
- Google Chrome

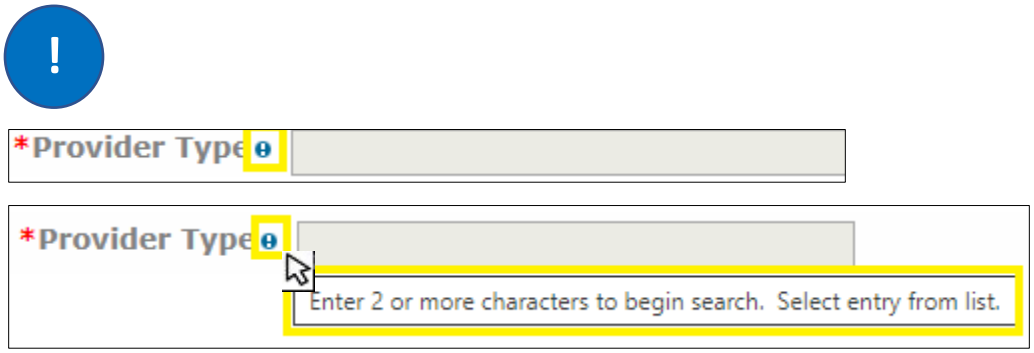
Also required is Adobe Flash Player 10.0 or later for document viewing.

More Information on a Field

An asterisk (*) next to a field indicates it is required information.

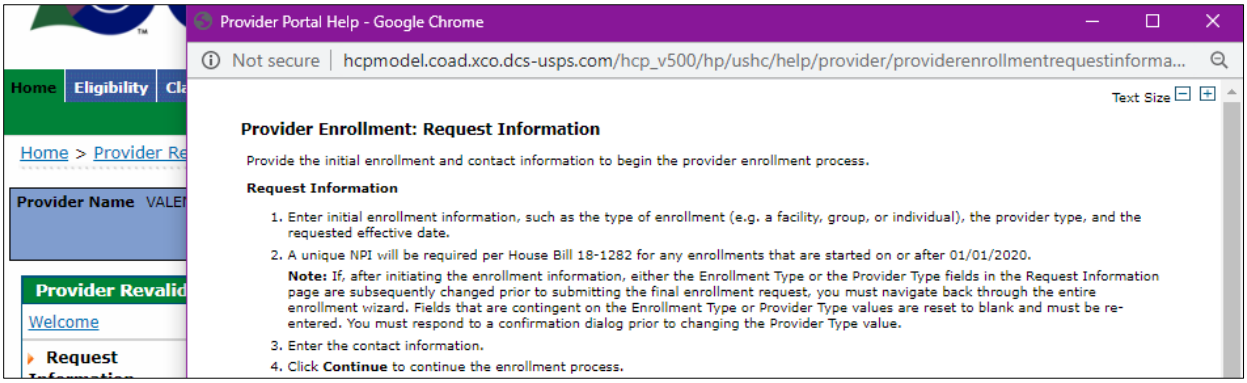
Note: Panels with fields that display an asterisk may not be applicable for some provider type/specialty combinations. These fields can be left blank for those providers. However, if data is entered in one of the fields, then all the fields with an asterisk must be completed.

Additional information is available in certain fields by hovering the cursor over the **!** symbol. Hovering over this symbol opens a box that gives more information about the field. The information box disappears when the cursor is moved.



Help Feature on Each Page

A question mark symbol appears toward the top right corner of each panel. Clicking this symbol opens a dialog help window specific to the current screen:



Key Facts

Having the required information prior to beginning the revalidation process expedites the process. **Additional requirements vary depending on the provider type and enrollment type.**

Visit the Provider Type Information for Revalidation web page to view additional requirements for the provider type and specialty.

Mailing Address – This address is where paper Prior Authorization Request (PAR) letters are sent if the provider is not receiving PAR letters electronically.

Billing Address – This address is where paper checks and Remittance Advice (RA) statements are sent if the provider is not receiving them electronically.

License Number (if applicable) – This is the identification number assigned by licensing agencies. Ensure that all alphanumeric characters, dots and dashes of the license number are entered, then attach a copy.

Certification Information (if applicable) – Additional certifications the provider wants included in the profile. Ensure that all alphanumeric characters of the certificate number are entered, then attach a copy.

Malpractice and Liability Insurance Information – Complete the insurance information.

Ownership/Controlling Interest and Conviction Disclosure Information

The following information is needed for each person or entity with an ownership or controlling interest of 5% or more, the Board of Directors, partners, managing employees, etc., in the enrolling provider:

- Name
- Address
- Federal Employer ID Number (EIN) or Social Security Number (SSN) - for individuals
- Date of Birth (DOB) if an individual

Refer to the Disclosure Instructions located on the Provider Forms web page under the Provider Enrollment & Update Forms drop-down for more information.

- Disclosure Instructions EIN
- Disclosure Instructions SSN

Completing the Revalidation Application

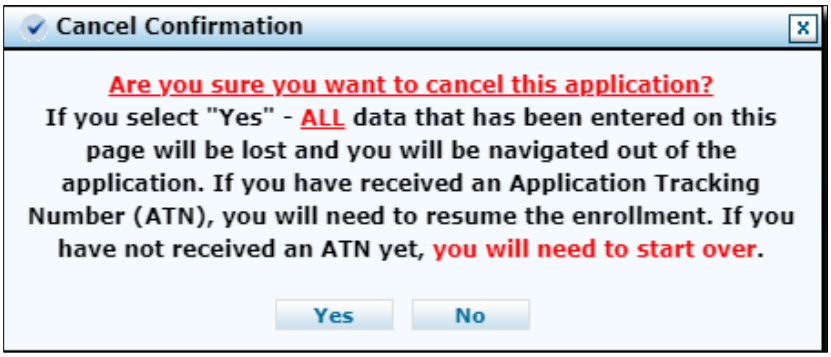
The Provider Web Portal autosaves entered data during the revalidation process. There are three (3) buttons available at the bottom of each panel while completing the application.

These buttons allow the user to:

Continue – Continues to the next panel of the revalidation application. The autosave process is initiated after reviewing data on the **Request Information** panel and clicking **Continue**. Each click of this button on subsequent panels automatically saves data entered on the current panel.

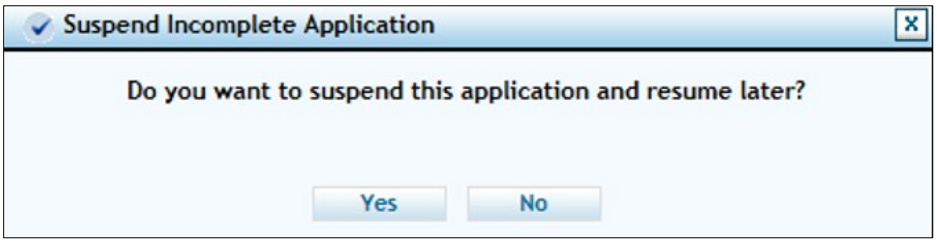
Cancel – Cancels the application process. If an Application Tracking Number (ATN) has been generated, this button prompts the end of the application process without saving the data on the ***current*** panel (data entered on ***prior*** panels is already saved). This button prompts the end of the application process ***without saving the data*** if an ATN has not been generated. A **Cancel Confirmation** notification appears before the user is allowed to proceed.

If **Yes** is clicked, all data entered on this panel and any previous panels will be lost if an ATN has not been generated.



Finish Later – Saves the information and allows the user to return to the application later.

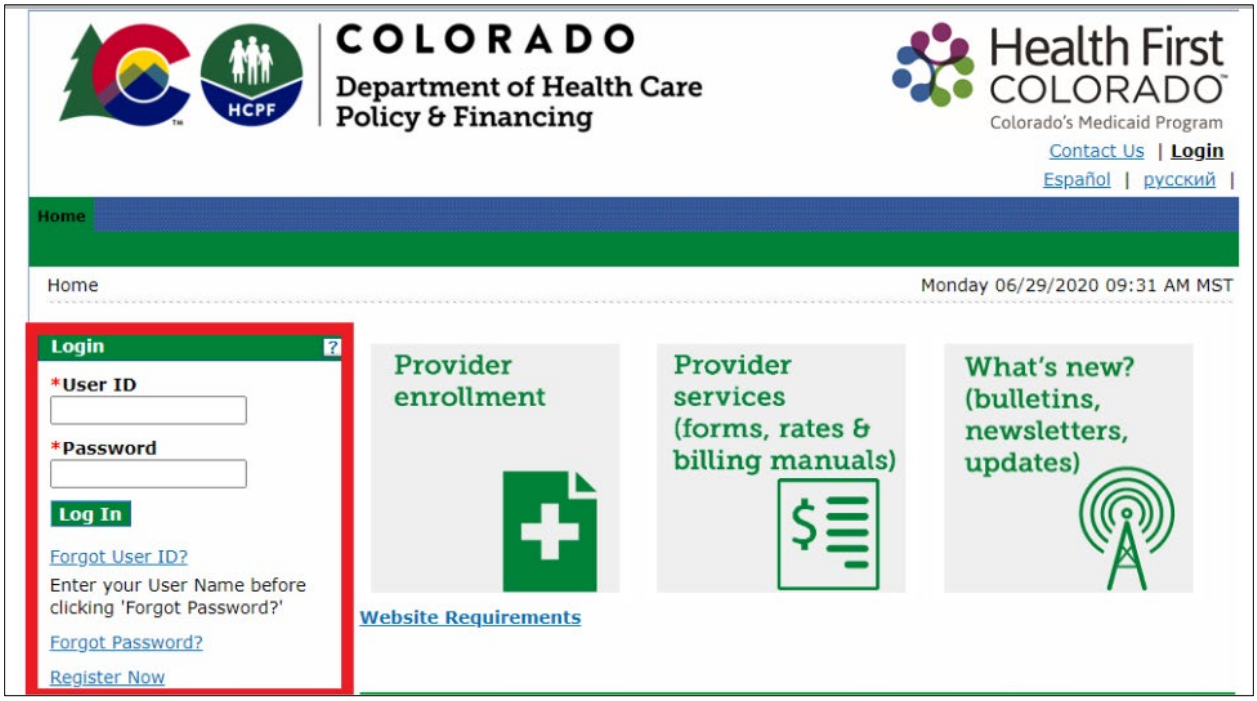
Suspend Incomplete Application Pop Up



Clicking **No** returns the user to the revalidation process. Clicking **Yes** logs the user out of the revalidation application and assigns an Application Tracking Number (ATN) to the application. **It is important to retain the ATN for future use.**

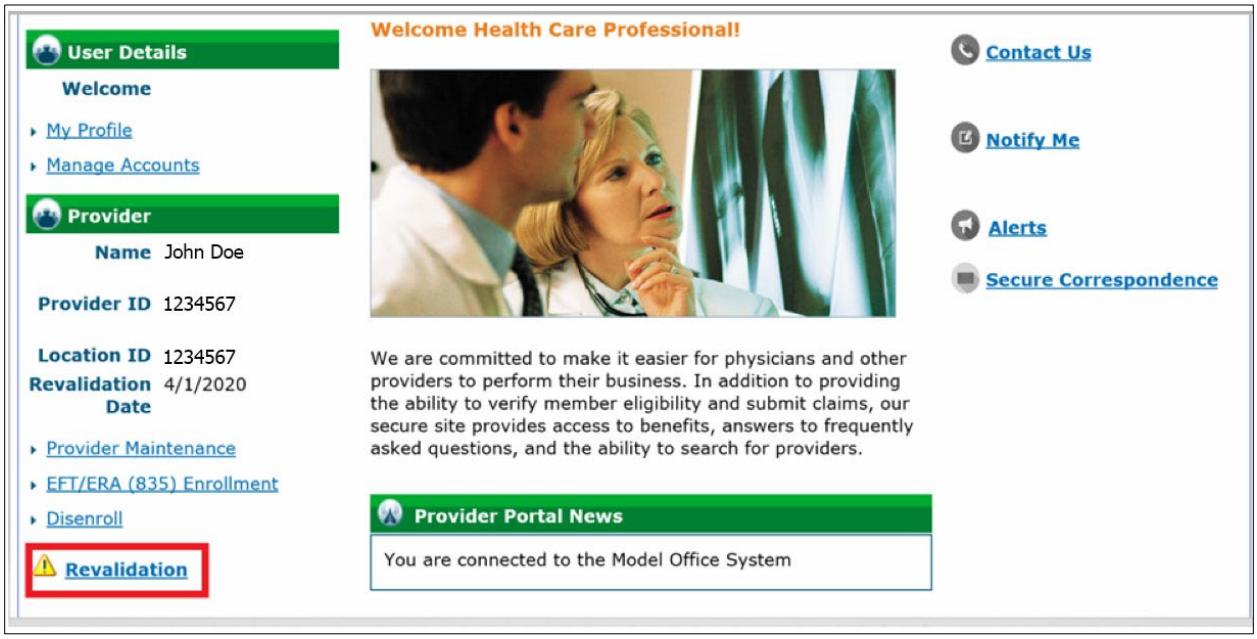
Accessing the Provider Web Portal

1. Log in to Provider Web Portal.



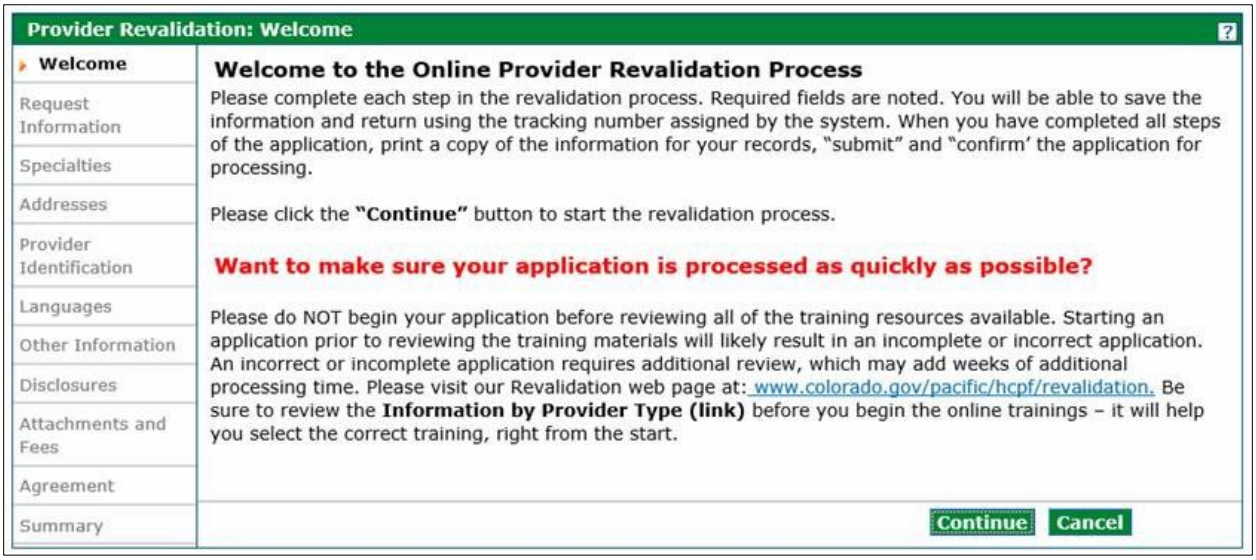
2. Click **Revalidation** as shown in the next screenshot.

   Note: The date displaying next to **Revalidation Date** is the due date for the provider to complete revalidation.



   Result: Providers are directed to the **Welcome** panel of revalidation.

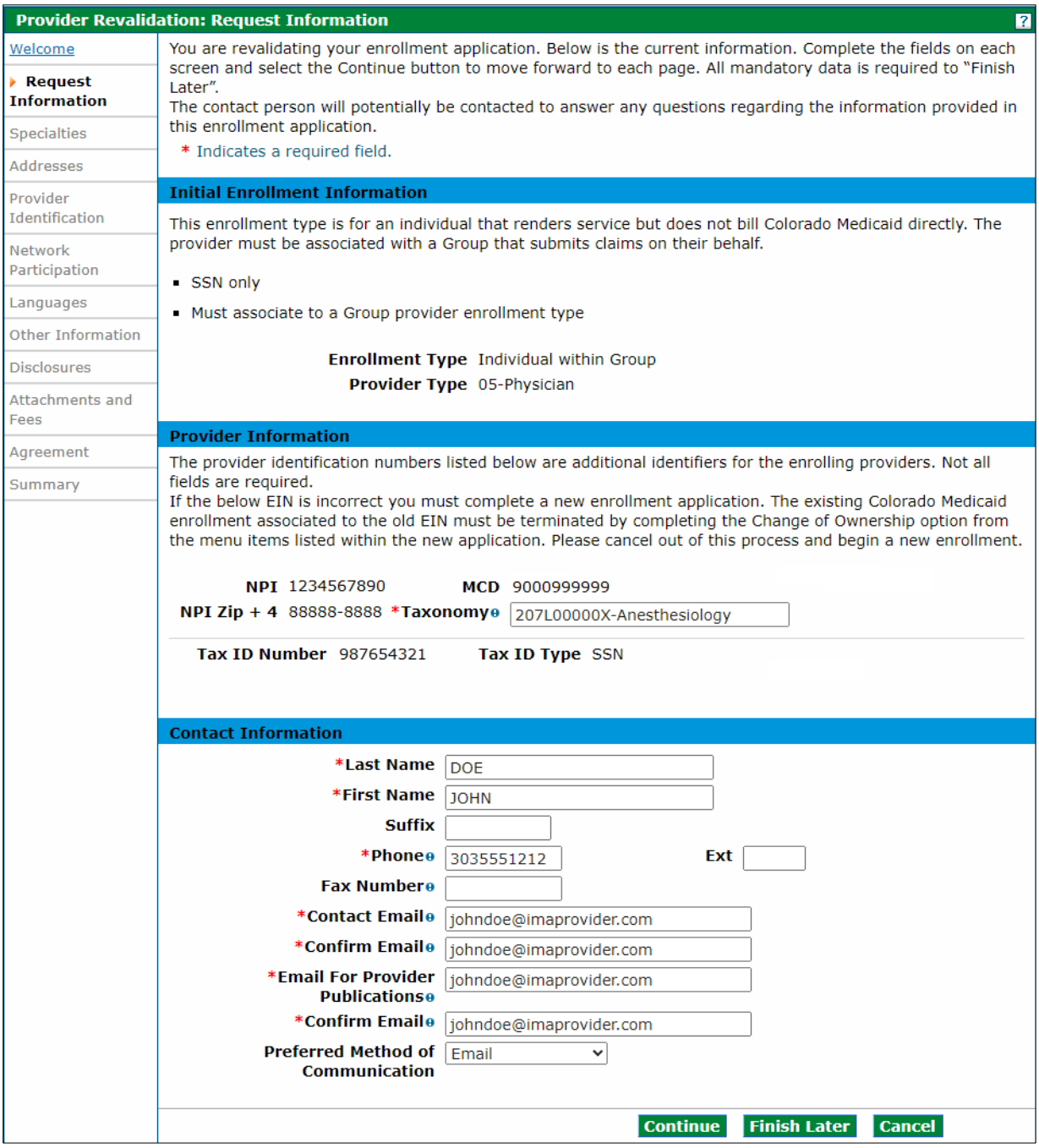
Welcome Panel



Click the **Continue** button to start the revalidation process once the information is reviewed.

Request Information Panel

The **Request Information** panel displays after clicking **Continue** on the **Welcome** panel.



The provider must verify that the contact information is current, and if necessary, update the information. This is the contact person who may be notified to answer questions regarding the revalidation application.

Fields that are view only:

- Provider's NPI
- Medicaid ID (MCD)
- NPI Zip +4
- Tax ID Number
- Tax ID Type (EIN or SSN)

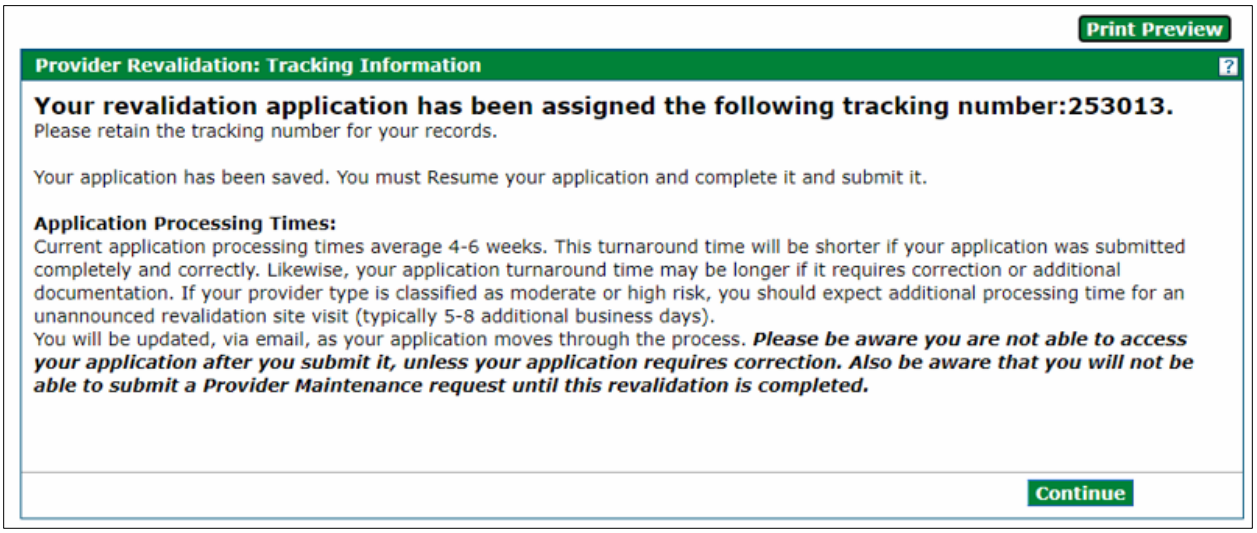
The user will not be able to continue with the application until the error is resolved if the NPI is matched to another actively enrolled provider location.

The user will not be able to continue with the revalidation process if the Tax ID is an SSN and there is another actively enrolled provider in the system with the same SSN. Individuals (SSNs) are limited to one (1) enrollment.

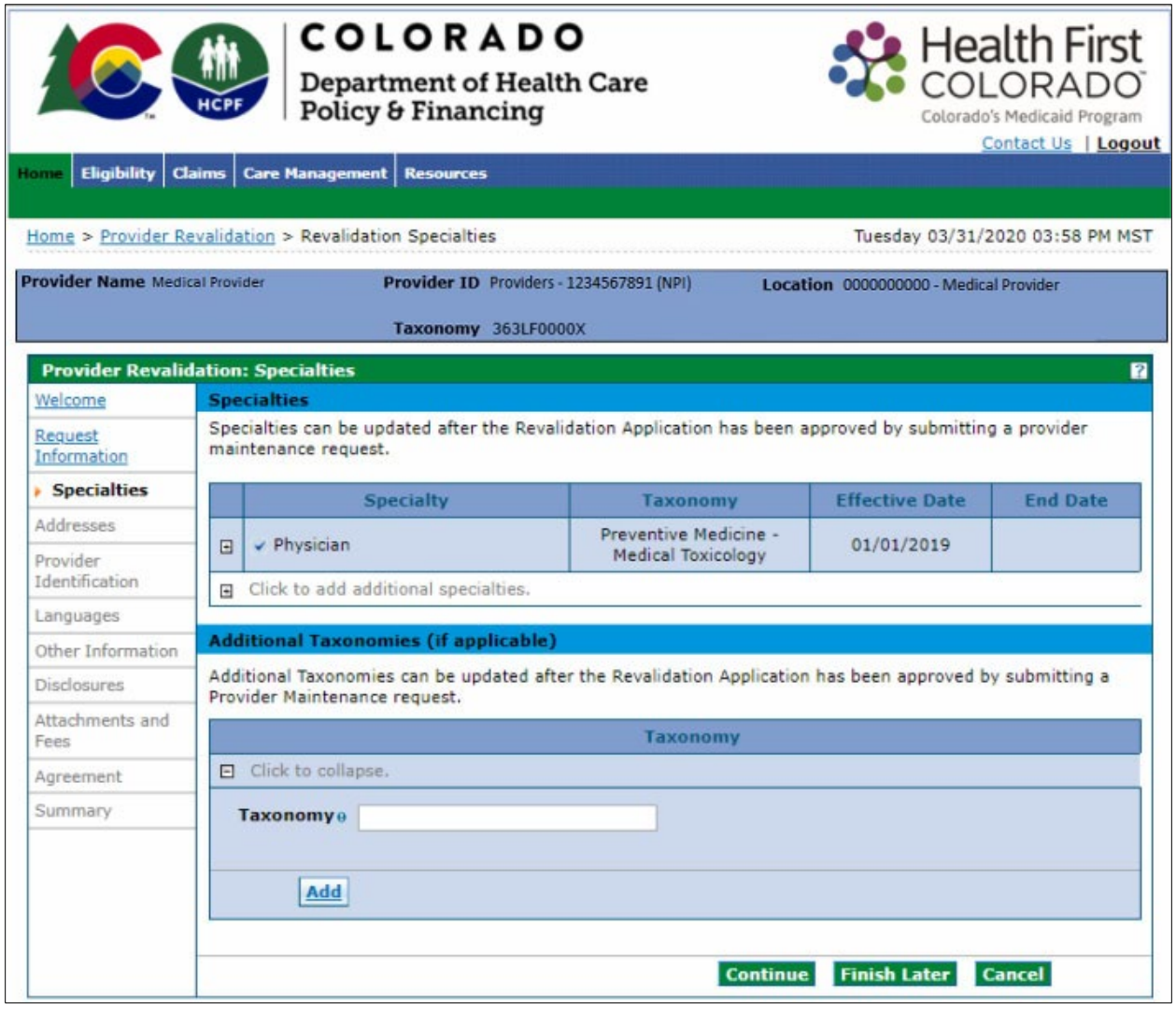
The user will not be able to continue with the revalidation process if any of the taxonomies on file for the provider do not match at least one of the taxonomies listed in the NPPES NPI Registry.

Tracking Information

After clicking **Continue** on the **Request Information** panel, the **Tracking Information** panel displays the revalidation ATN. Click **Continue** to resume the revalidation application. The revalidation process automatically saves data entered on subsequent panels each time the user clicks **Continue**.

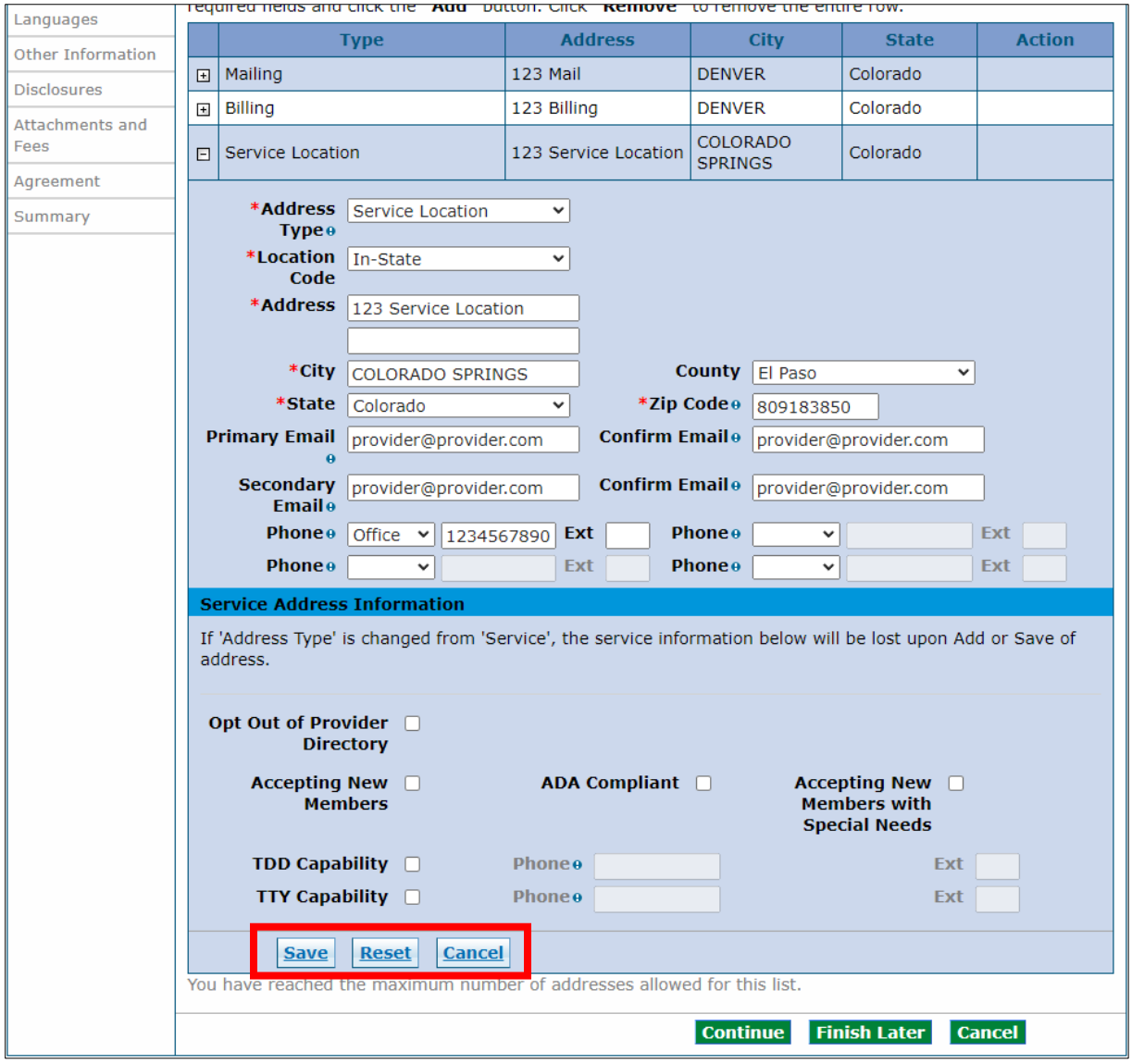


Specialties Panel



The **Specialties** and **Additional Taxonomies** sections may not be updated during revalidation. These sections may be updated with a separate maintenance request after the revalidation is complete.

Addresses Panel



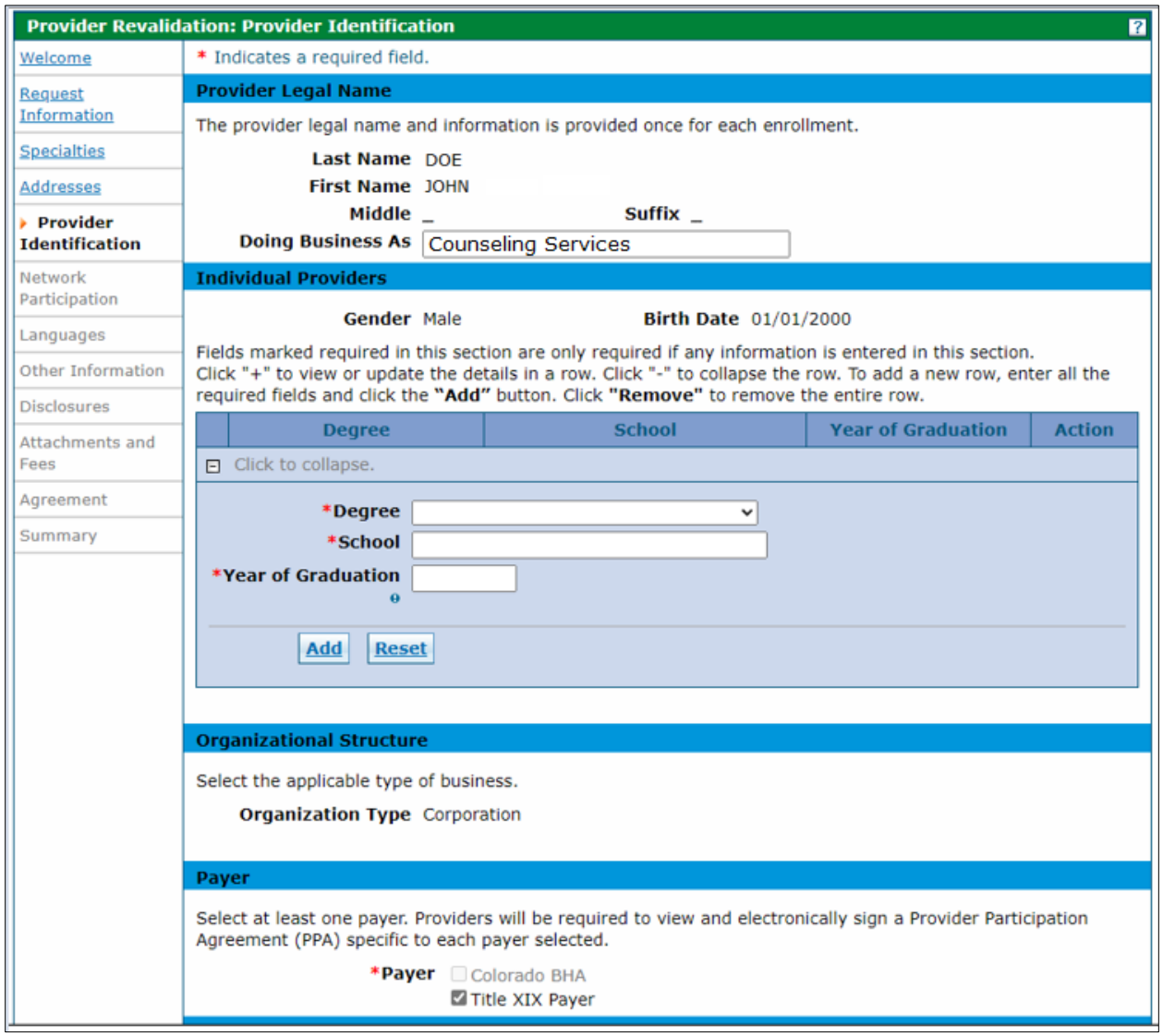
The provider may update the following on this panel:

- Service Location
- Billing Address
- Mailing Address

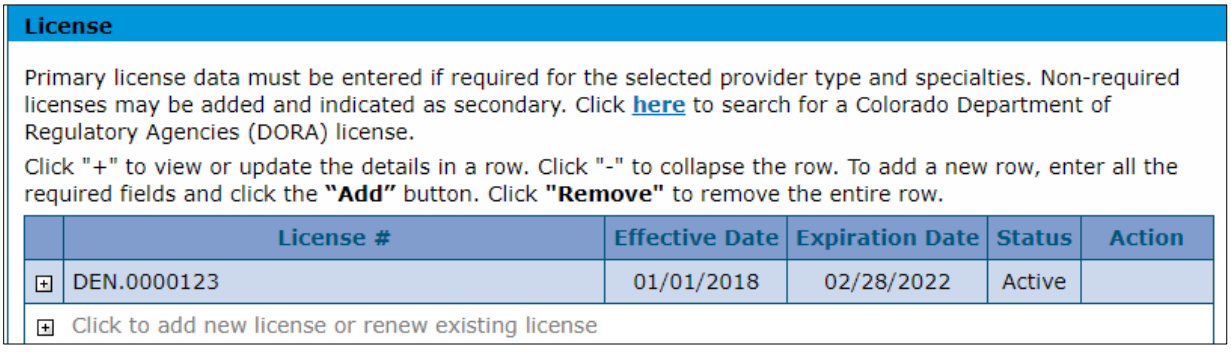
Select the **Address Type** drop-down to update this information. Click **Save** to save the updated information; click **Reset** to refresh the information; or click **Cancel** to cancel the update within this section.

Provider Identification Panel

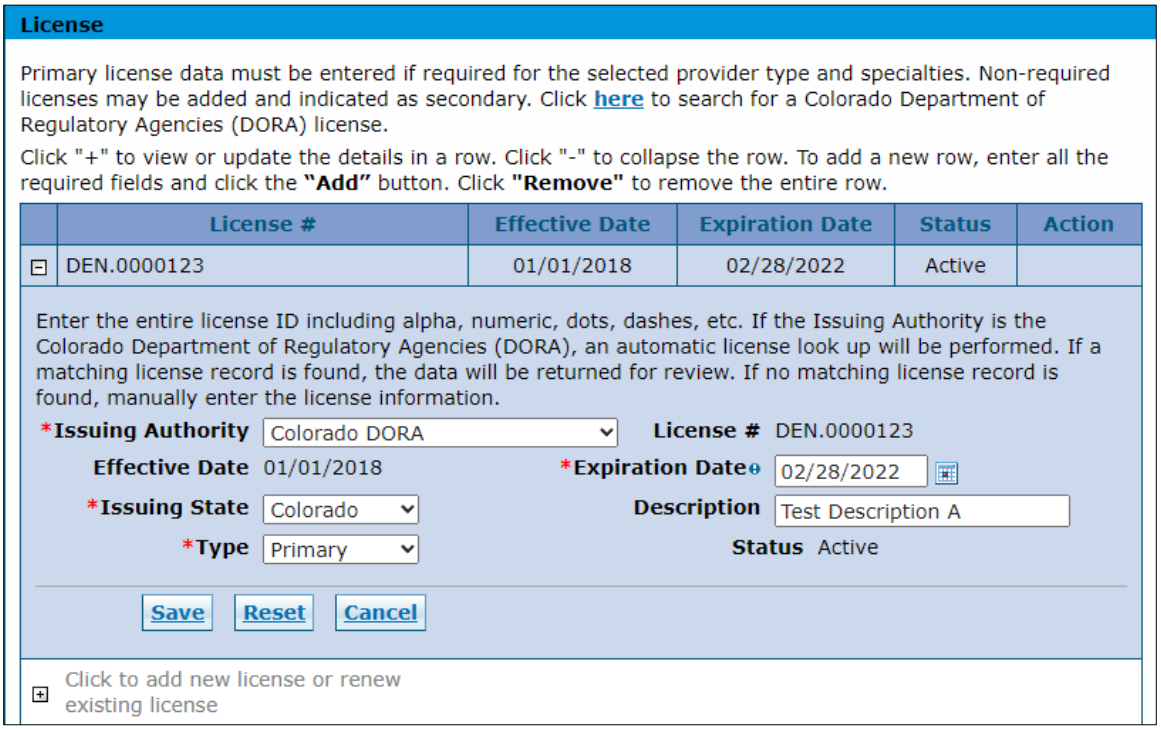
Note: Providers must select at least one (1) payer. Providers are required to view and electronically sign a Provider Participation Agreement (PPA) specific to each payer selected.



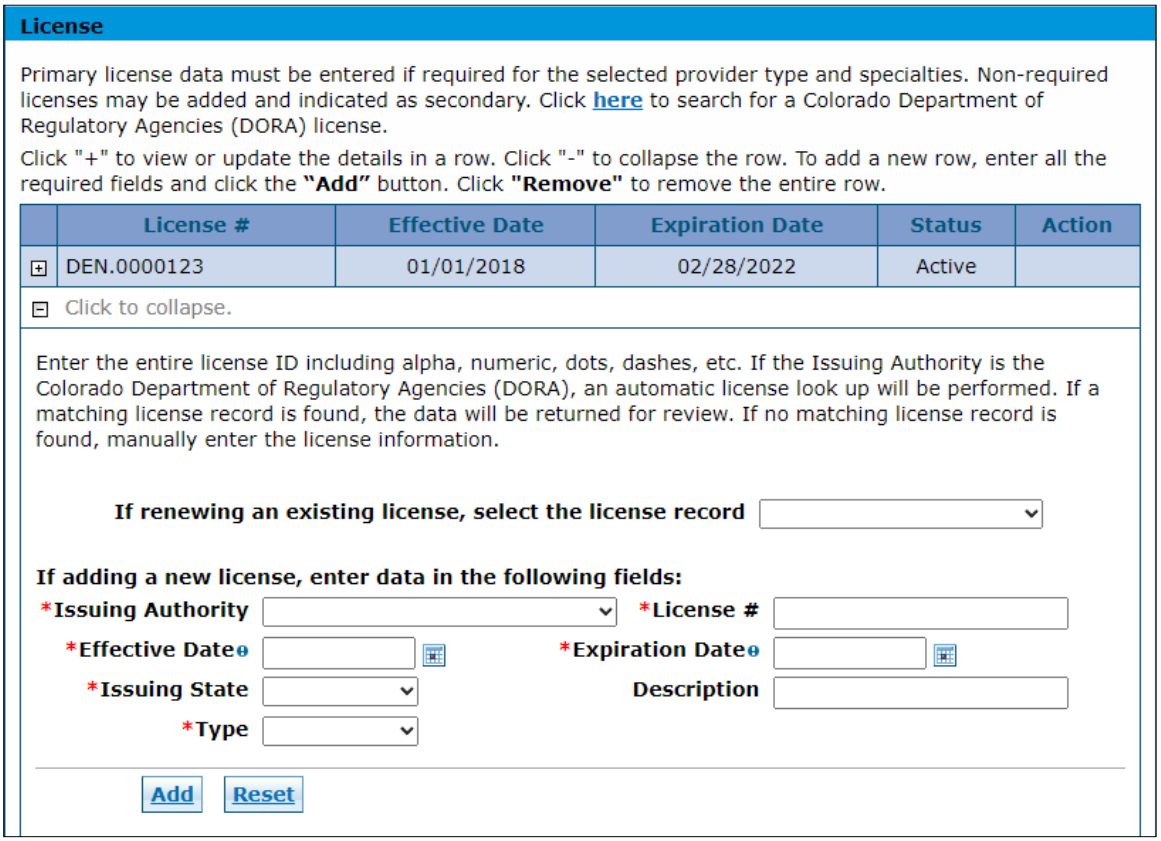
Initial view of licenses (nothing is expanded)



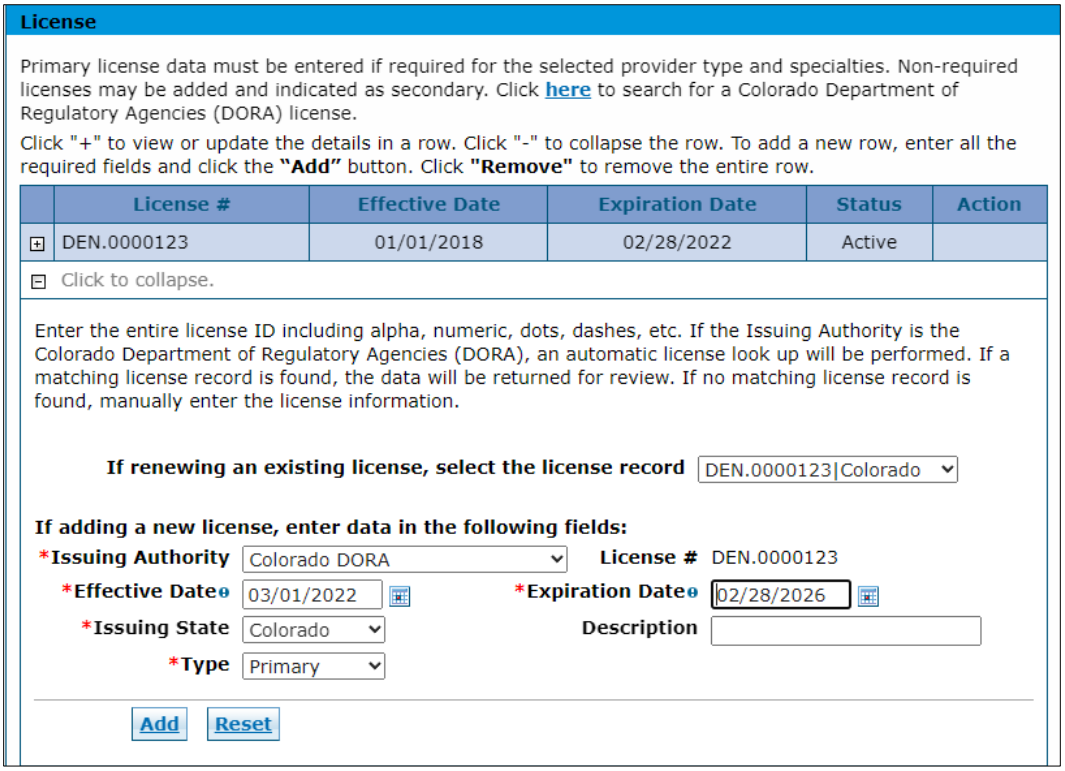
Expanded view of a license record

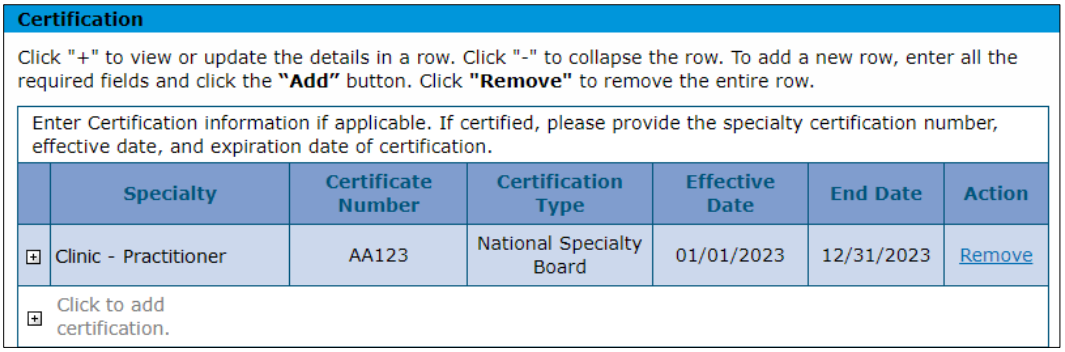


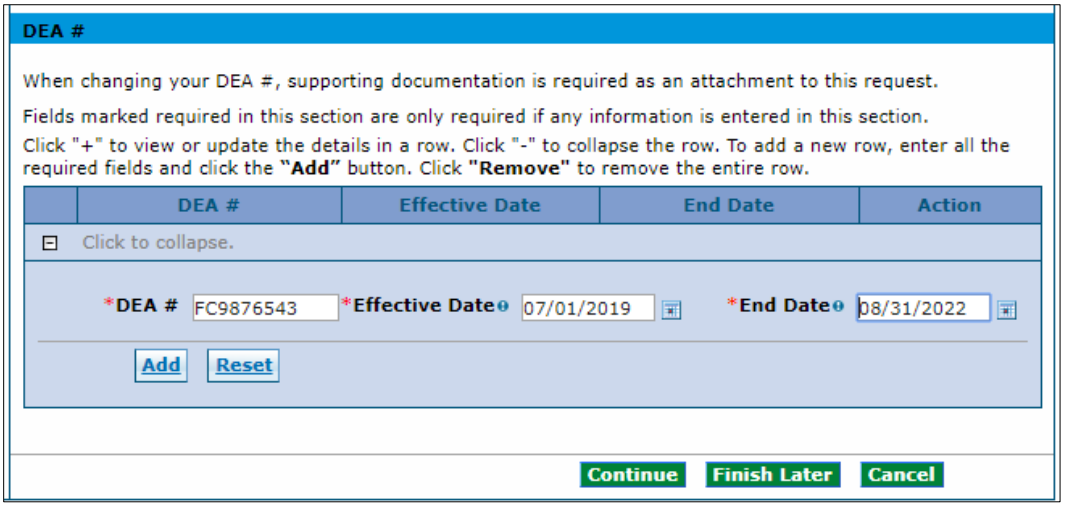
Adding a new license with a different number



Renewing an existing license with the same number







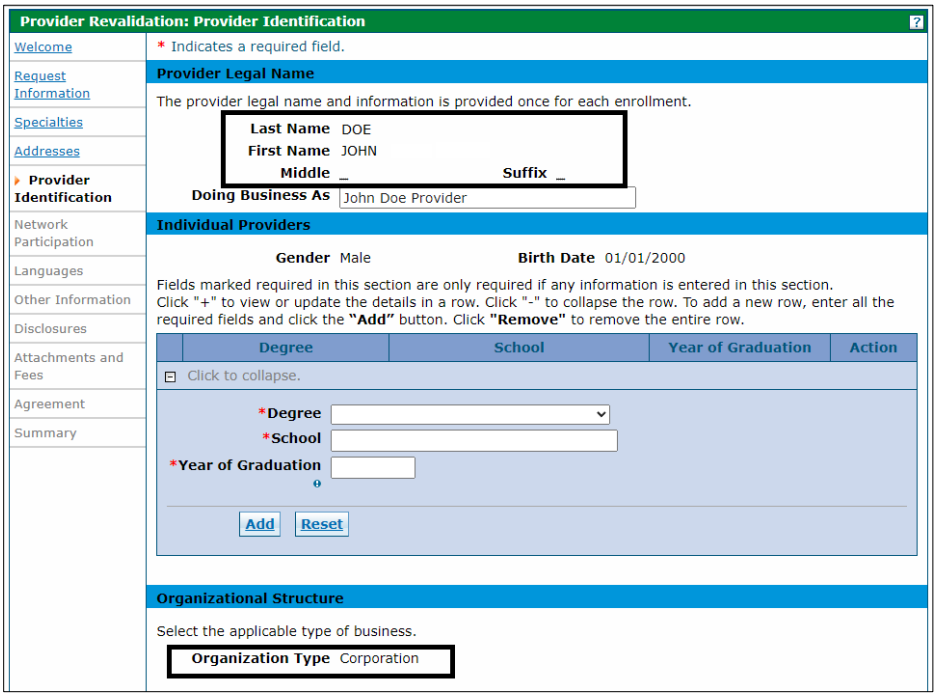
Within this panel, the provider may:

- Update the Doing Business As name. This field is optional.
- Add new license information or renew an existing license (if applicable). Ensure all alphanumeric characters, dots and dashes are entered.
    - If the license is a Colorado Department of Regulatory Agencies (DORA), an automatic lookup is performed when the **Issuing Authority** and **License #** are entered. If a match is found in DORA, the **Effective Date**, **Expiration Date**, and **Issuing State** are retrieved and populated automatically.
- Review and update the **Expiration Date** for an existing license.
  Note: The expiration date can be changed to an earlier date for an existing license; however, it cannot be extended. Extending the expiration date is considered a renewal.
- Review the **Certification** section for updates. Existing certification records may have a **Certification Type** that is no longer valid. Review each certification record and select a new **Certification Type**, if applicable.
- Review and update the U.S. Drug Enforcement Administration (DEA) **End Date**.
- Review and update **Medicare information**.

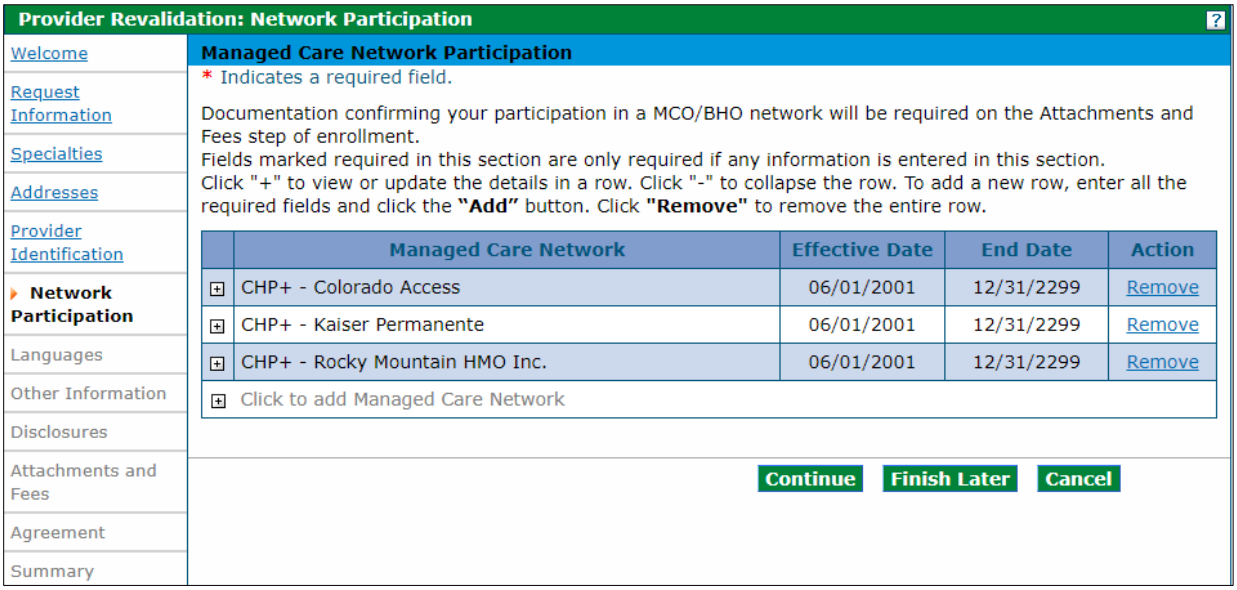
When updating license or DEA data, attach a current copy to verify the information. Refer to the Attachments and Fees Panel section.

Fields that are view only:

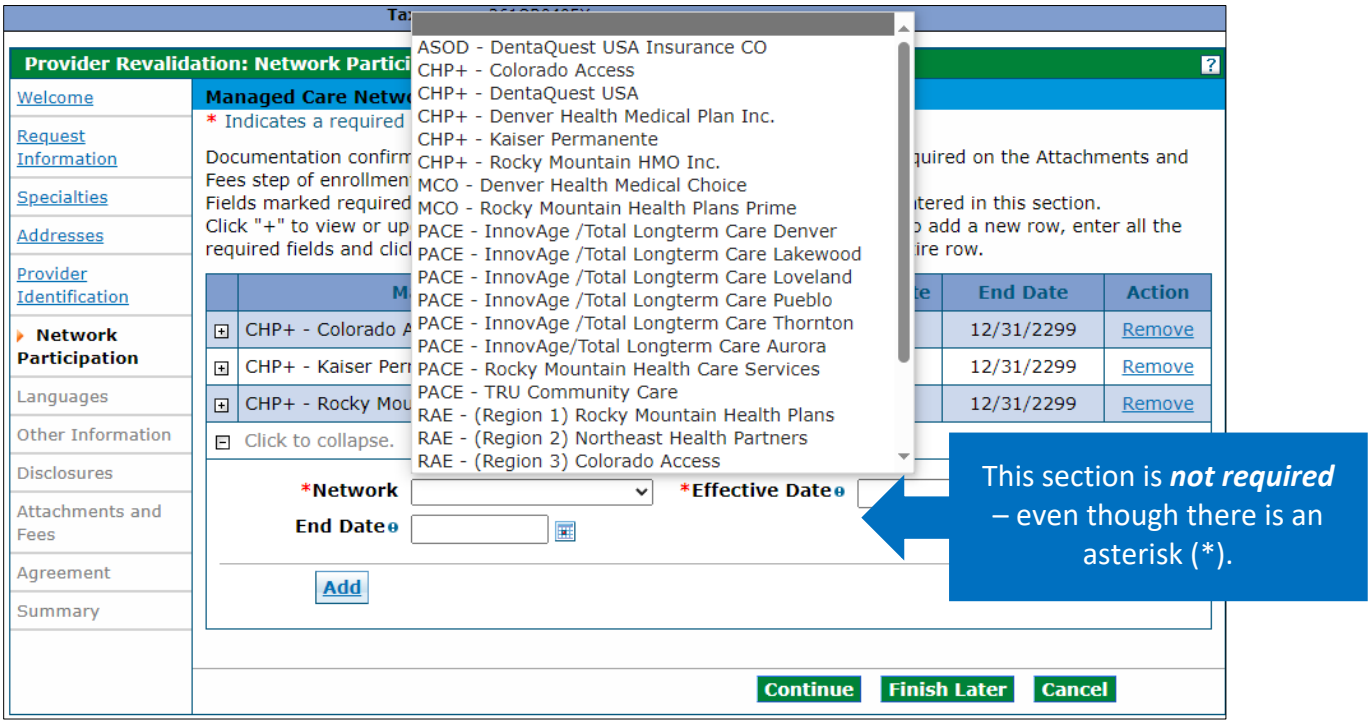
- **Provider Legal Name**
- **Organization Type**
- Existing license information (excluding the **Expiration Date** field)
- Expired license information
- Existing DEA license information (excluding the **End Date** field)



Network Participation Panel

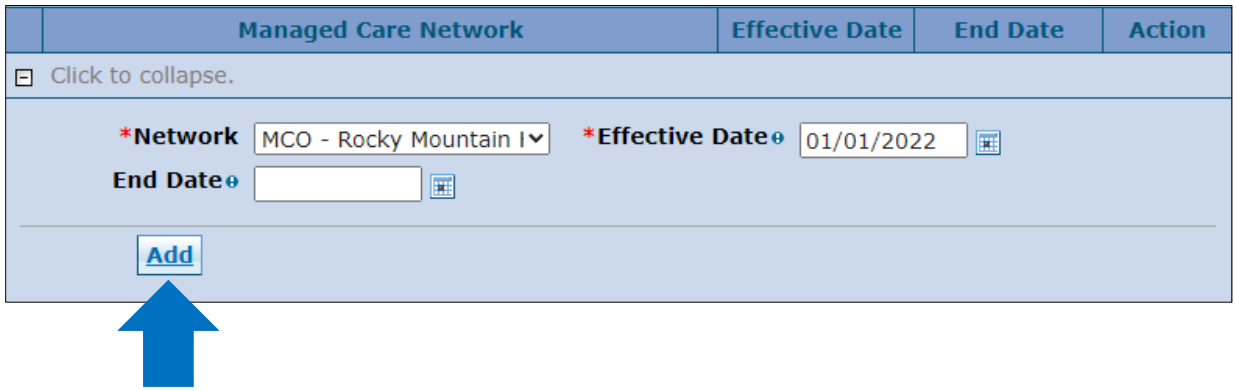


The **Network Participation** panel is where providers may review and update any managed care networks in which they participate. Adding a network option does not create an enrollment into that network. Additionally, a copy of the signed contract or a completed Network Participation Verification Form, located on the Provider Forms web page under the Provider Enrollment & Update Forms drop-down, must be scanned and attached on the **Attachments and Fees** panel.



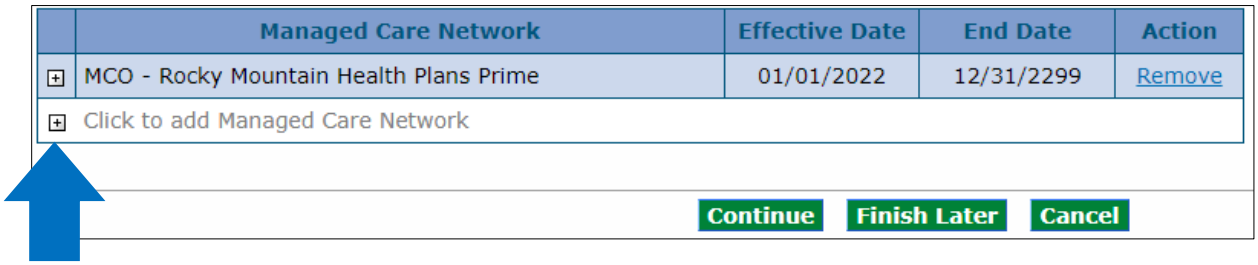
Click the **Add** button once a network and its effective date are selected to add it to the list. The **End Date** is optional.

Network Participation Panel – MCO/RAE Add Network



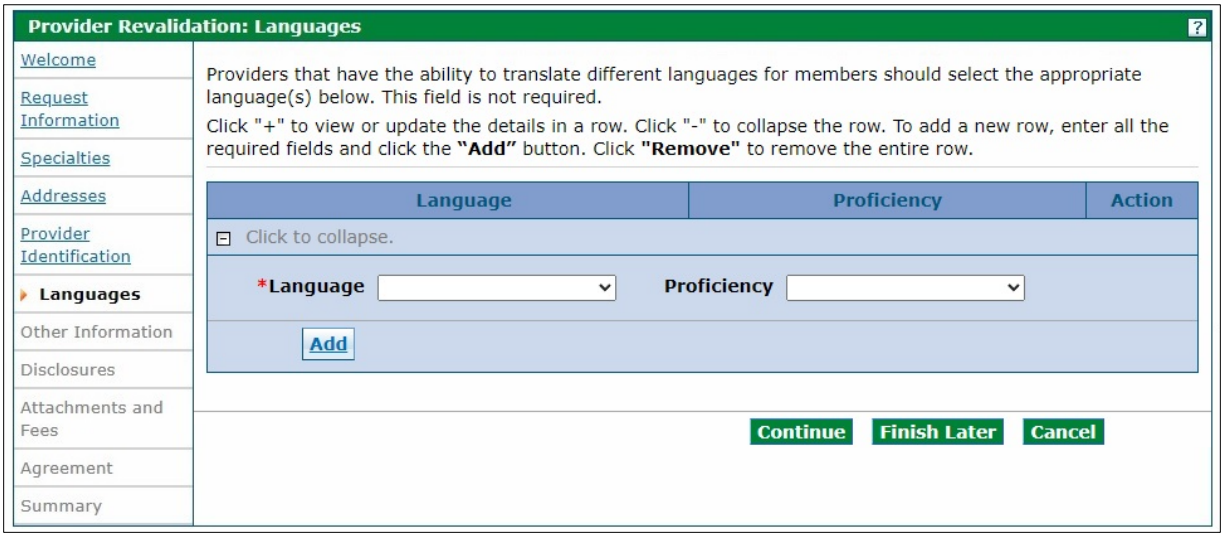
Click the **+** sign next to **Click to add Managed Care Network** to add another network if a provider is a member of more than one (1) network. Repeat the steps above until this panel is complete.

Network Participation Panel – MCO/BHO Network Add another MCO Network

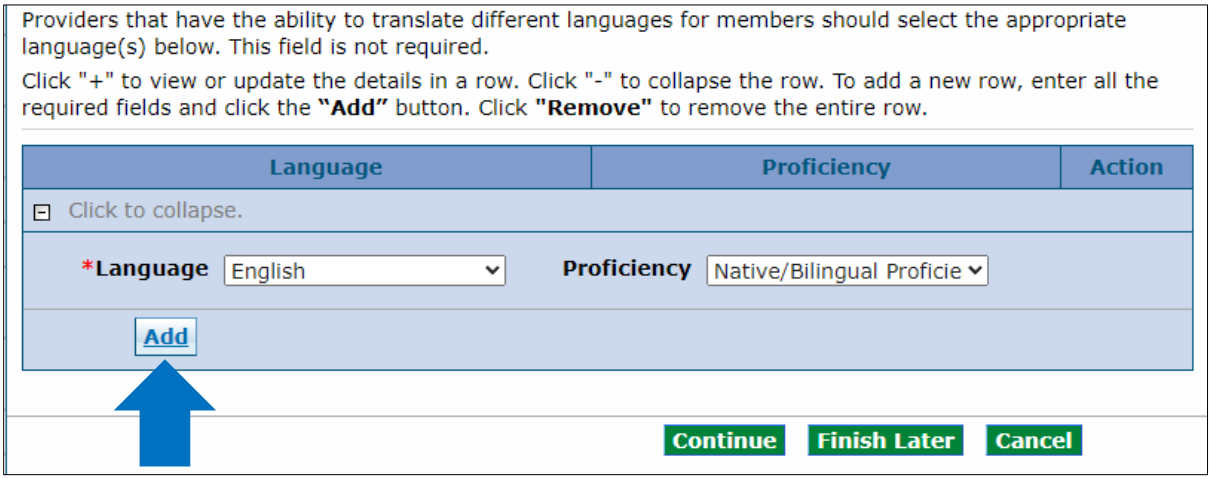


Click **Continue**, **Finish Later** or **Cancel** when the panel is complete.

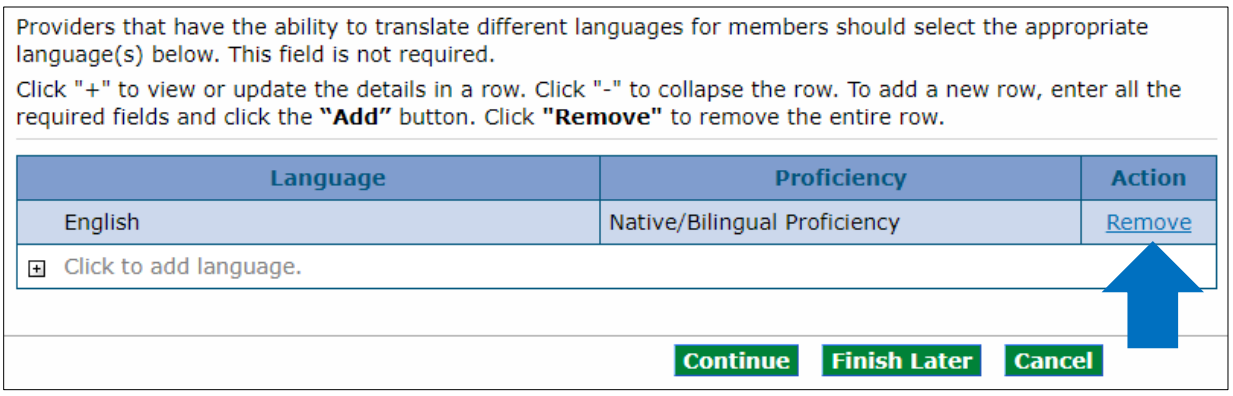
Languages Panel



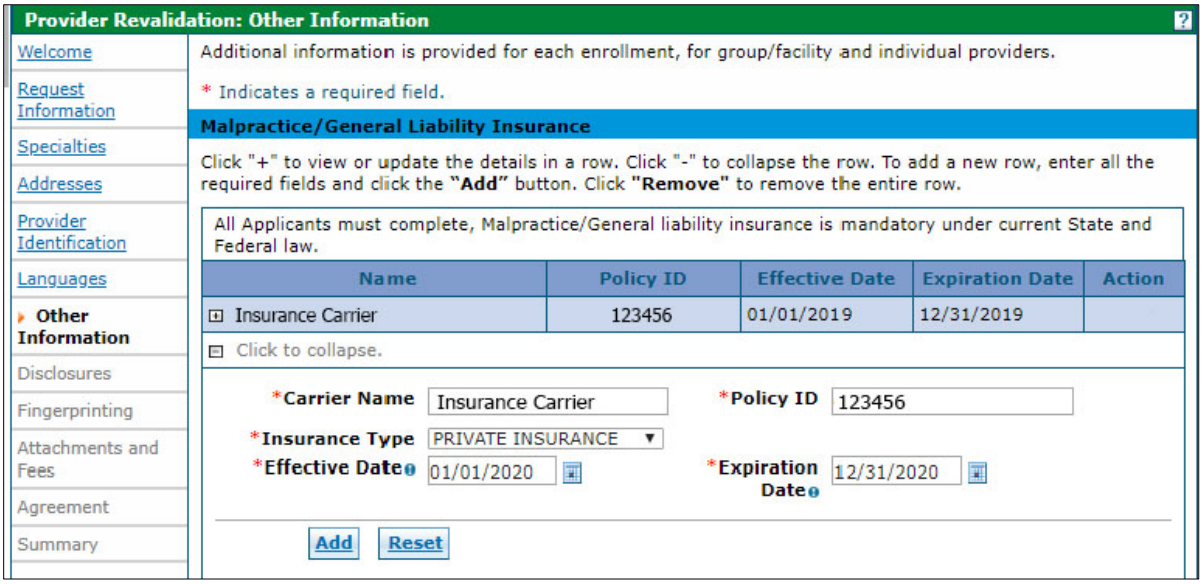
The provider may review and update up to 60 languages and the proficiency level spoken within the office or facility. Click the **Add** button after each language and proficiency level is selected. The screen updates and adds the selected item to the list of languages.

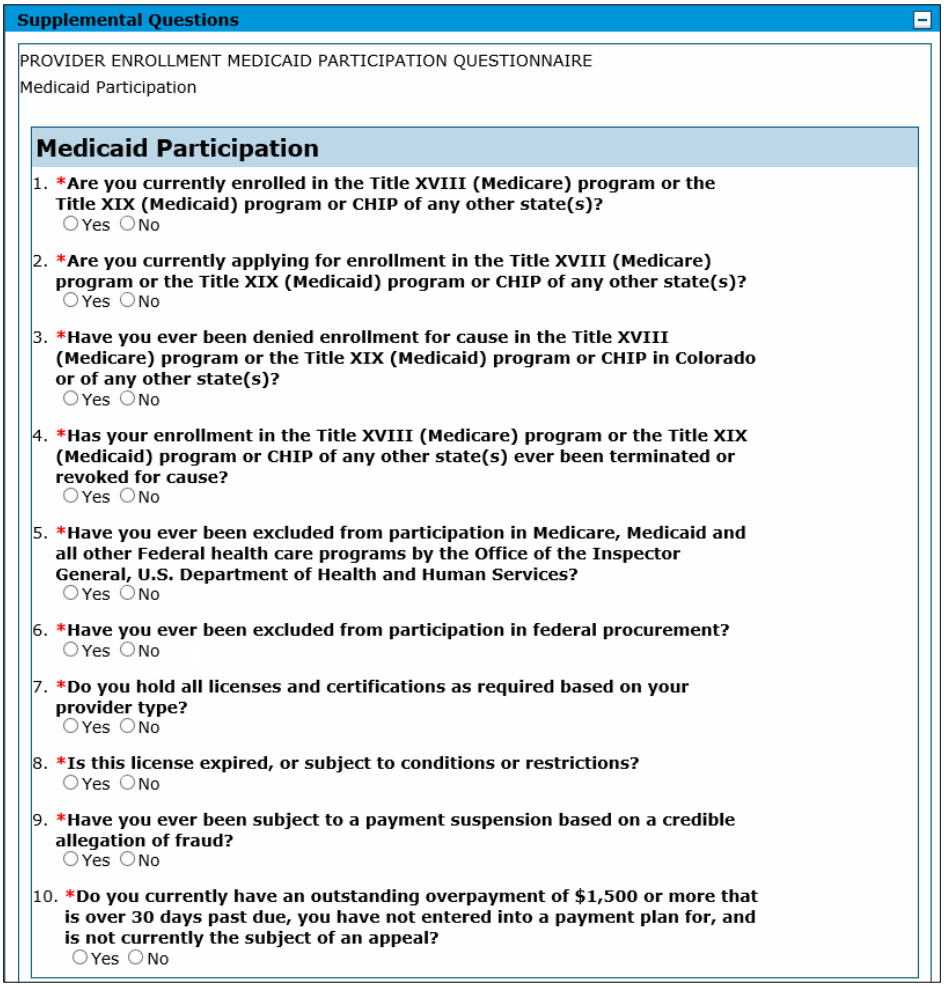


Click the **Remove** link in the **Action** column to remove a language.



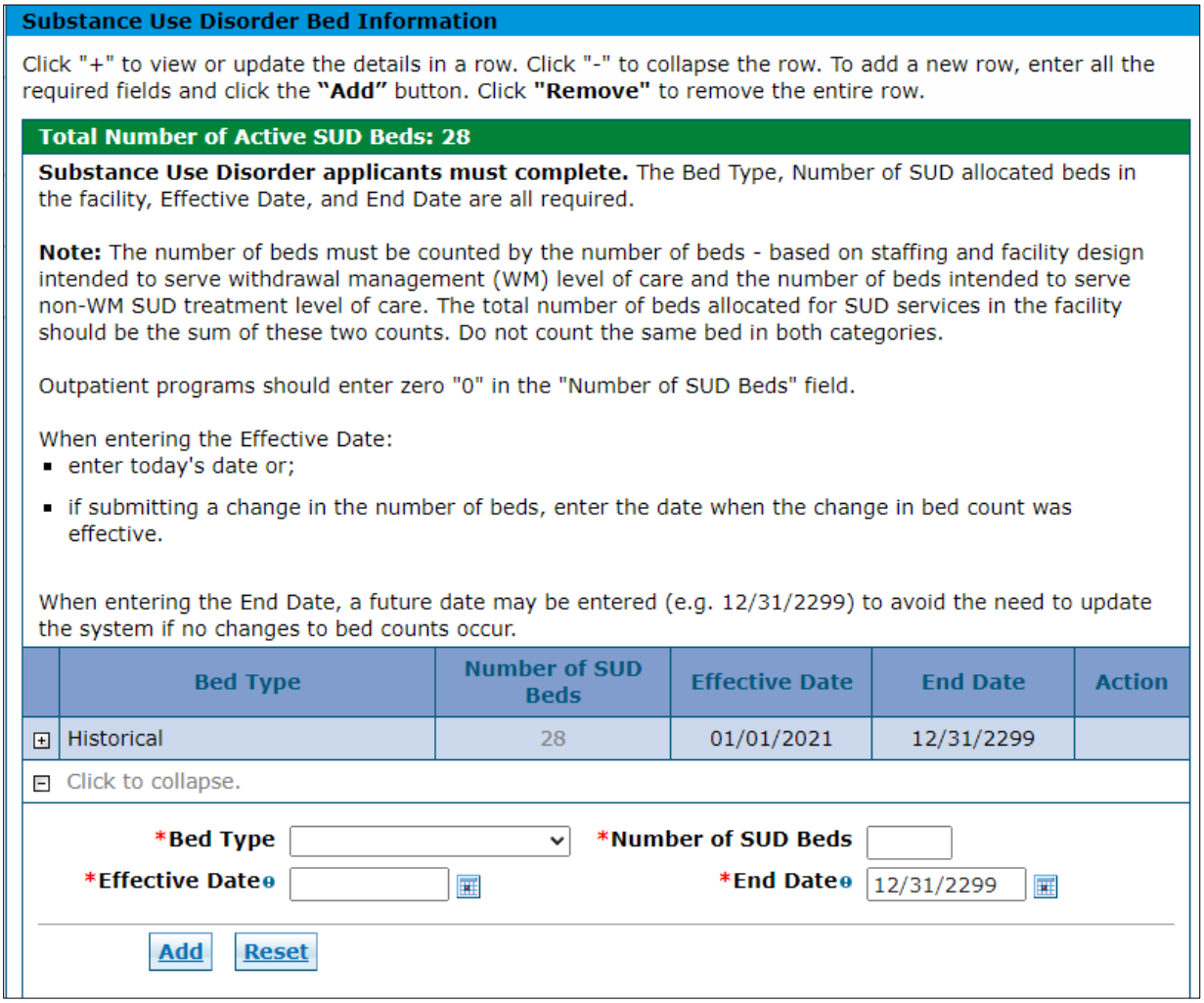
Other Information Panel





Substance Use Disorder (SUD) Disorder Facilities

The following section displays for a facility enrollment with Provider Type 64 SUD Continuum.



Bed Type – Select a bed type for this required field. The values displayed in the drop-down list will be determined by the provider's active specialties. Possible values are **Facility Residential** and **Facility Residential Withdrawal**.

Number of SUD Beds – Enter up to five (5) numeric characters in this required field for the number of beds in an SUD facility that are certified and/or licensed.

Effective Date – Enter eight (8) characters in this required field using the **MM/DD/YYYY** format for the effective date of the SUD bed.

End Date – Enter eight (8) characters in this required field using the **MM/DD/YYYY** format for the end date of the SUD bed.

At least one active SUD bed record must be present before proceeding with the revalidation. If an SUD bed record with a **Bed Type** of **Historical** is displayed upon beginning the revalidation application, an active record for bed types of **Facility Residential** and **Facility Residential Withdrawal** must be entered. The **Historical** record displays SUD bed information prior to the bed types being separated in the application.

Substance Use Disorder Bed Information

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.

Total Number of Active SUD Beds: 17

Substance Use Disorder applicants must complete. The Bed Type, Number of SUD allocated beds in the facility, Effective Date, and End Date are all required.

Note: The number of beds must be counted by the number of beds - based on staffing and facility design intended to serve withdrawal management (WM) level of care and the number of beds intended to serve non-WM SUD treatment level of care. The total number of beds allocated for SUD services in the facility should be the sum of these two counts. Do not count the same bed in both categories.

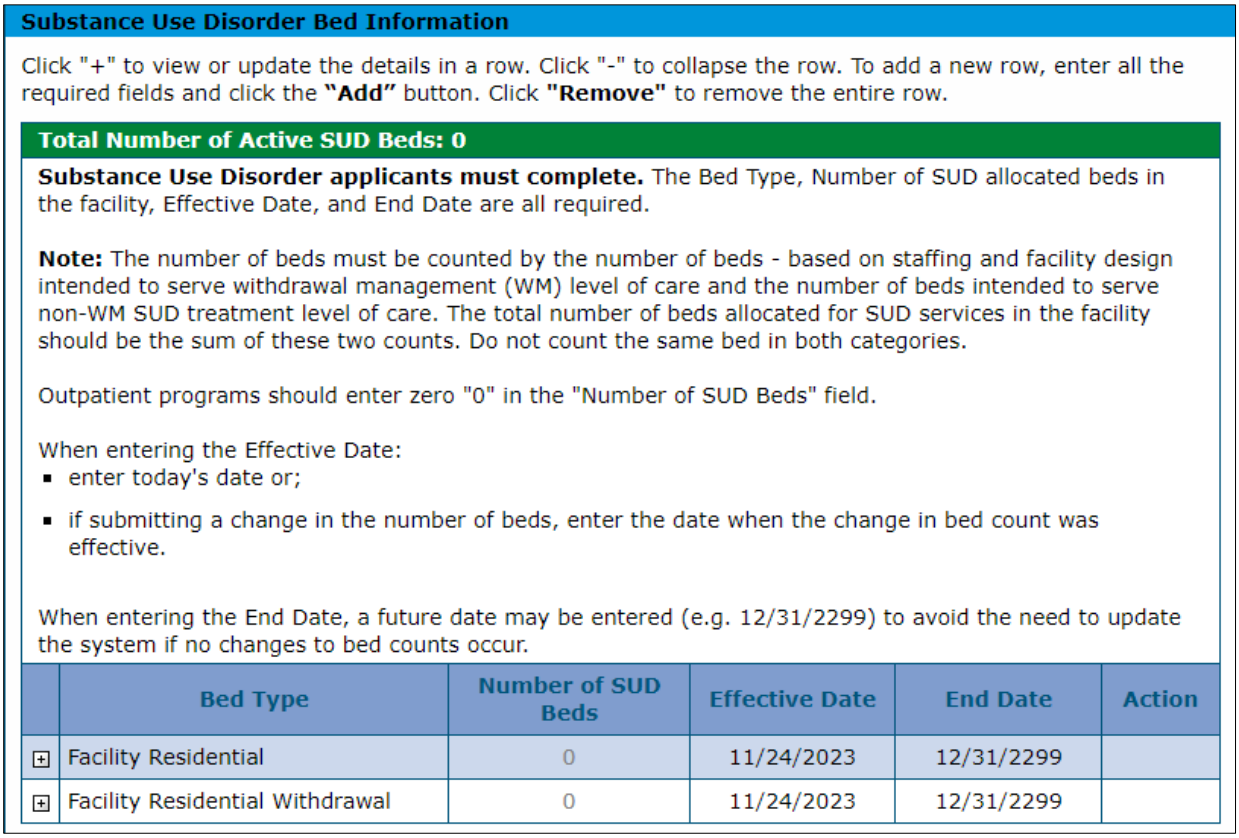
Outpatient programs should enter zero "0" in the "Number of SUD Beds" field.

When entering the Effective Date:
- enter today's date or;
- if submitting a change in the number of beds, enter the date when the change in bed count was effective.

When entering the End Date, a future date may be entered (e.g. 12/31/2299) to avoid the need to update the system if no changes to bed counts occur.

	Bed Type	Number of SUD Beds	Effective Date	End Date	Action
⊞	Historical	28	01/01/2021	12/31/2023	
⊞	Facility Residential	5	01/01/2024	12/31/2299	Remove
⊞	Facility Residential Withdrawal	12	01/01/2024	12/31/2299	Remove
⊞	Click to add Substance Use Disorder Beds.				

Note: Select SUD Continuum specialties do not allow SUD bed records to be entered. For those specialties, the SUD bed records will have the Number of SUD Beds set to zero (0) for both bed types and cannot be changed.



Substance Use Disorder Bed Information

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.

Total Number of Active SUD Beds: 0

Substance Use Disorder applicants must complete. The Bed Type, Number of SUD allocated beds in the facility, Effective Date, and End Date are all required.

Note: The number of beds must be counted by the number of beds - based on staffing and facility design intended to serve withdrawal management (WM) level of care and the number of beds intended to serve non-WM SUD treatment level of care. The total number of beds allocated for SUD services in the facility should be the sum of these two counts. Do not count the same bed in both categories.

Outpatient programs should enter zero "0" in the "Number of SUD Beds" field.

When entering the Effective Date:
- enter today's date or;
- if submitting a change in the number of beds, enter the date when the change in bed count was effective.

When entering the End Date, a future date may be entered (e.g. 12/31/2299) to avoid the need to update the system if no changes to bed counts occur.

	Bed Type	Number of SUD Beds	Effective Date	End Date	Action
⊞	Facility Residential	0	11/24/2023	12/31/2299	
⊞	Facility Residential Withdrawal	0	11/24/2023	12/31/2299	

The following section displays for an individual enrollment with Provider Type 24 Non-Physician Practitioner Individual (Registered Nurses only):

On Premise Supervision for non-physician practitioners (Registered Nurses Only)

Registered nurses, by state regulation, require on premise supervision and must complete this form to enroll with Colorado Medicaid.

Registered Nurses (Other than employees of a Certified Health Department* and employees of a Nurse Home Visitor Program (NHVP) site).**

Benefit services by registered nurses must be provided in compliance with the following requirements:

- Services must be performed under the direct and personal supervision of an advanced practice nurse (APN) or physician (MD) who is immediately available when services are provided. This means that the supervising APN/MD must be physically present on the premises when the service is provided.
  - The on premise requirement does not apply to targeted case management provided by registered nurses under the Nurse Home Visitor Program. Registered nurses can provide this service without a supervising APN/MD on premises.
- Services must be ordered by the supervising APN/MD.
- Claims must be submitted through the supervising APN/MD. Registered nurses must look to the supervising or billing APN/MD for compensation.
- The supervising APN/MD Colorado Medical Assistance Program provider number must appear on the claim form as the supervising physician, the referring provider, or the billing provider.
- Claims must be billed using procedure codes specifically designated for non-physician billing.
- Claims must identify the registered nurse with provider number, as the rendering provider.
- The registered nurse applicant must identify the Colorado Medical Assistance Program enrolled APN/MD(s) who will provide supervision.

Add each supervisor's name and NPI in the APN/MD table below. Each supervisor's original signature must be included as an attachment with this enrollment. Click here to download the supervisor signature form. An original signature assures that the supervisor is aware of and understands the supervisory role and requirements.

* Employees of a Certified Health Agency (CHA) do not require on premise supervision. **Check the "Certified Health Agency" box below and enter the agency's provider name and National Provider Identifier (NPI) in the APN/MD table below. A separate attachment including an original signature is not required for the CHA.**

** Employees of a Nurse Home Visitor Program (NHVP) site providing case management services do not require on premise supervision. **Check the "Nurse Home Visitor Program" box below to attest that enrollment is for the NHVP and enter the name of the Nurse Home Visitor program site. A separate attachment including an original signature is not required for the NHVP.**

Certified Health Agency ☐

Nurse Home Visitor Program ☐ **Program Name**

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.

Supervising APN/MD

	Last Name	First Name	NPI	Action
⊟	Click to collapse.			

Last Name **First Name**

NPI

Add Reset

Within this panel, the provider may:

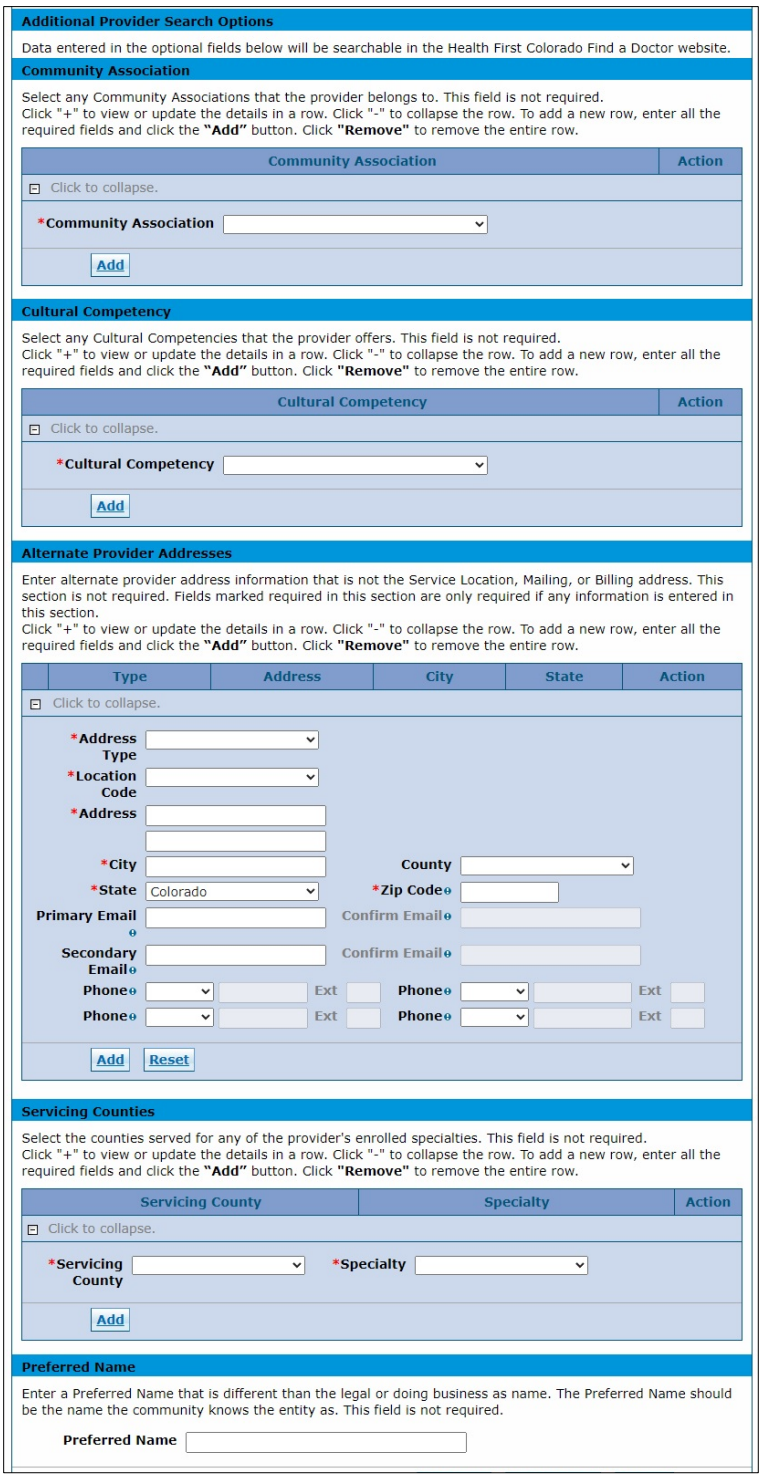
- Review and update information in the **Malpractice/General Liability Insurance** section.
- Answer the **Supplemental Questions**. Each question must be answered before the provider can continue.
- Review and update **Institutional Bed** information. The license showing the number of hospital beds must be attached if updating bed information.
- Review and update the website address.

Registered Nurses are required to complete and attach the RN Supervision Form, located on the Provider Forms web page under the Provider Enrollment & Update Forms drop-down.

Note: Insurance information is required for all provider types. Only some provider types are required to include an insurance attachment. Visit the Provider Type Information for Revalidation web page to determine if your provider type is required to attach proof of insurance policy.

Additional Provider Search Options Section

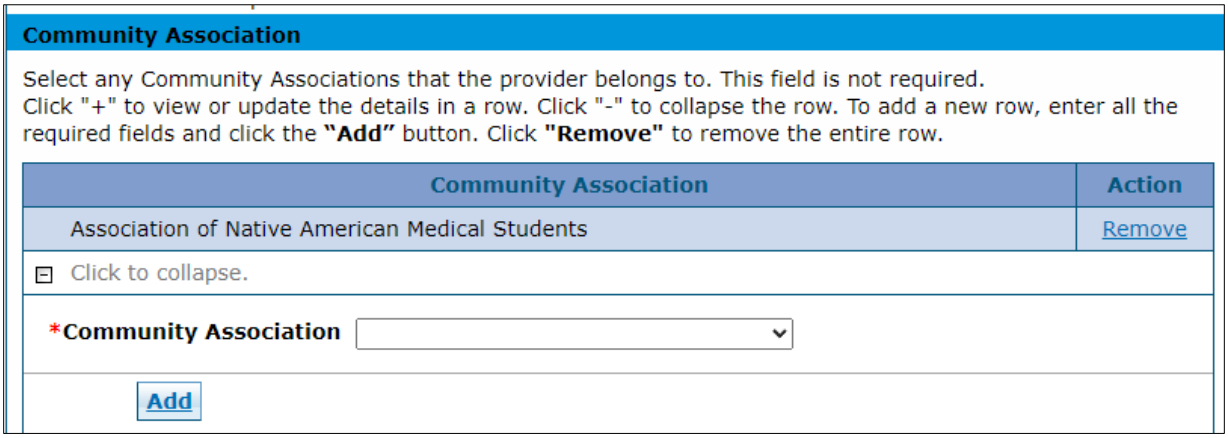
This optional section presents the appropriate subsections based on the enrolled provider. All providers will see the optional subsections of **Community Association**, **Cultural Competency**, and **Preferred Name**. Select providers will see additional subsections of **Alternate Provider Addresses** and **Servicing Counties**.



Community Association

All providers may identify specific community associations and add as many as needed. This information is searchable on the Health First Colorado Find a Doctor web page.

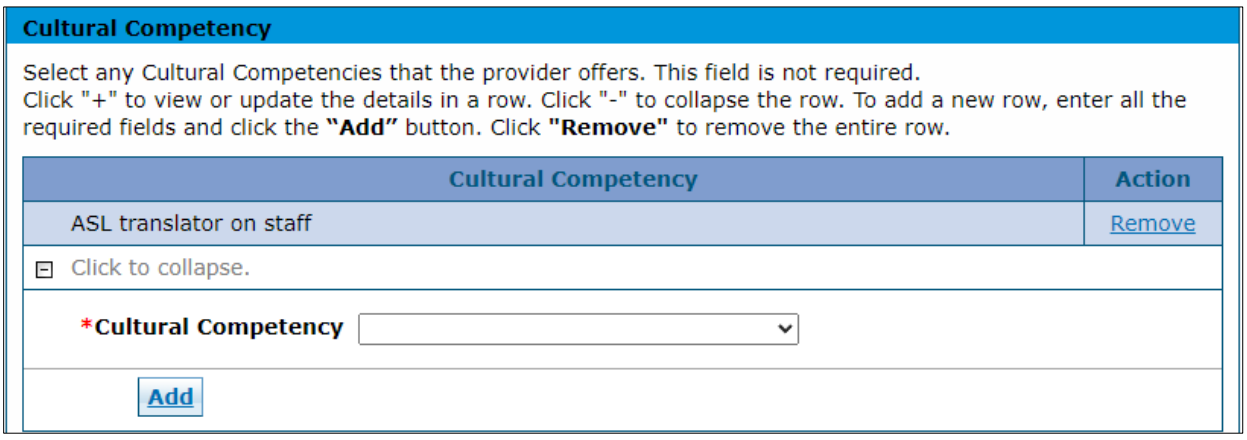
Click the **Add** button after each **Community Association** is selected. The screen updates and adds the selected item. Add as many **Community Association** records as needed. Click the **Remove** link to remove a record.



Cultural Competency

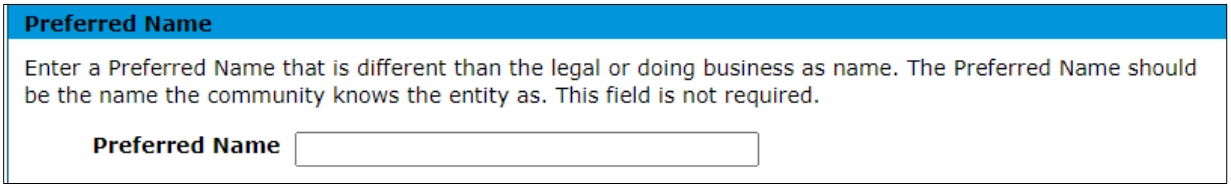
All providers may identify specific cultural competencies and add as many as needed. This information is searchable on the Health First Colorado Find a Doctor web page.

Click the **Add** button after each **Community Association** is selected. The screen updates and adds the selected item. Add as many **Community Association** records as needed. Click the **Remove** link to remove a record.



Preferred Name

All providers may specify a preferred name different than the legal name or Doing Business As (DBA) name. The **Preferred Name** should be the name for which the community knows the entity. This information is searchable on the Health First Colorado Find a Doctor web page.

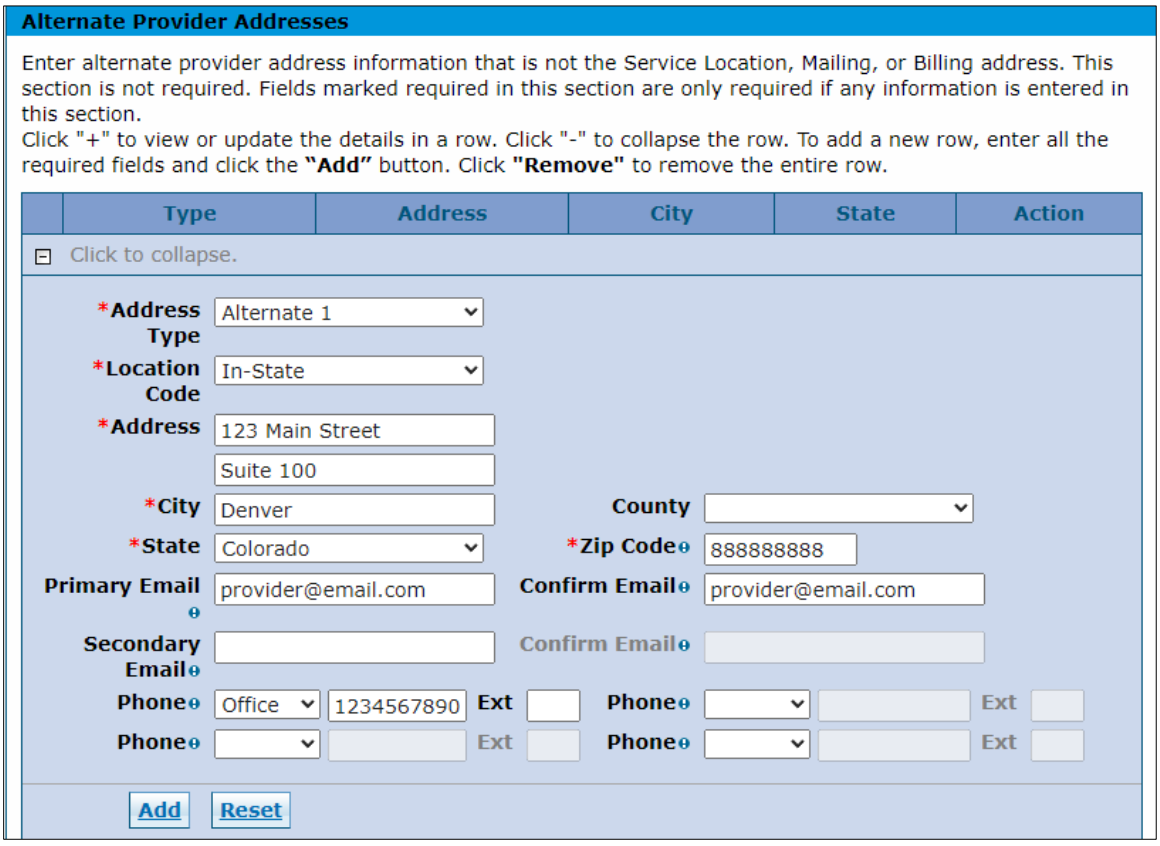


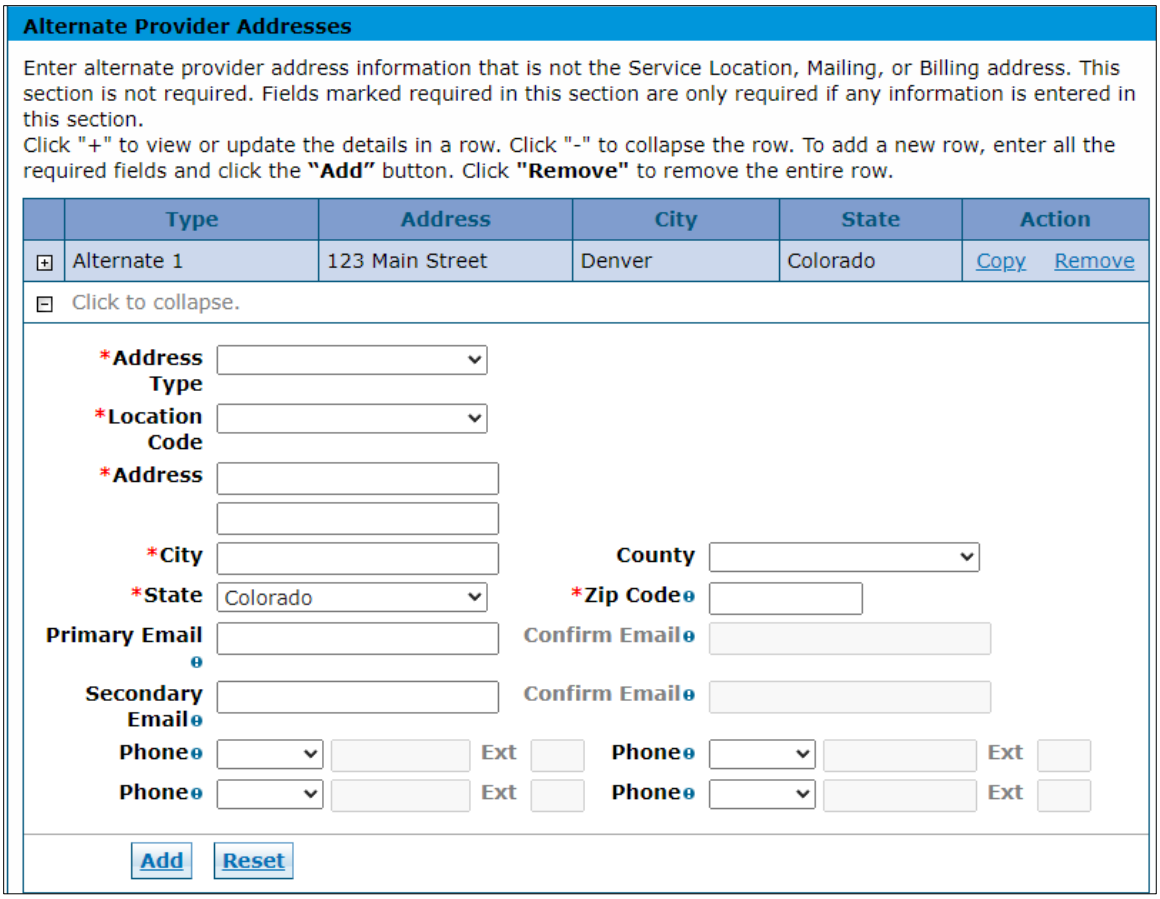
Alternate Provider Addresses

Select providers may enter up to three (3) alternate addresses different than the service location, mailing and billing addresses entered on the **Addresses** panel. This information is searchable on the Health First Colorado Find a Doctor web page.

Click the **Add** button after each address record is populated. The screen updates and adds the address. Up to three (3) addresses can be added. Click the **Remove** link to remove a record.

Complete address information, a primary email, and an office phone must be entered to add an address.

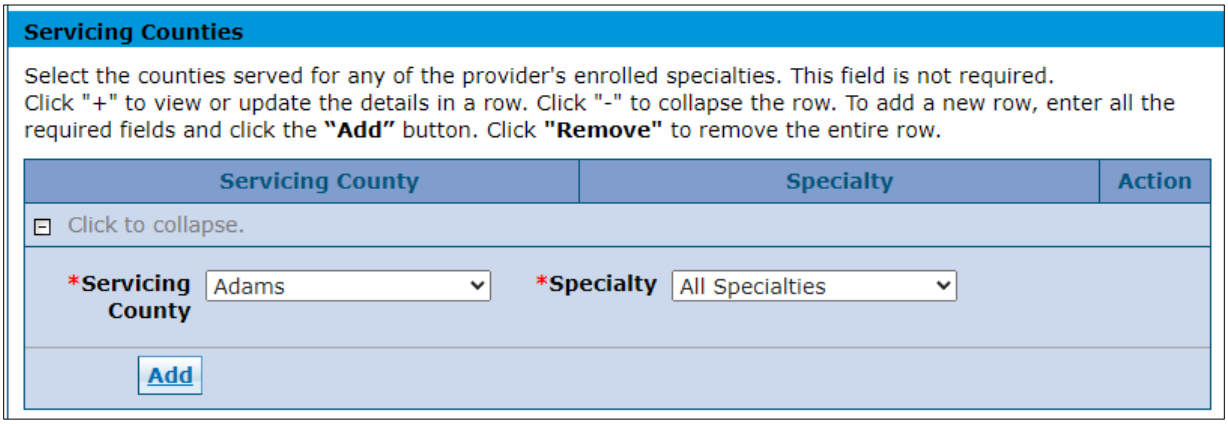




Servicing Counties

Select providers may identify the specific counties served for any of the actively enrolled specialties. **All Specialties** may be selected in the **Specialty** drop-down list if the provider has more than one (1) specialty. A record is added for each specialty and selected **Servicing County**. This information is searchable on the Health First Colorado Find a Doctor web page.

Click the **Add** button after each record is populated. The screen updates and adds the record. Duplicate records are not allowed. Click the **Remove** link to remove a record.



Servicing Counties

Select the counties served for any of the provider's enrolled specialties. This field is not required.
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.

Servicing County	Specialty	Action
Adams	Adpt Therapeutic Recreational Equipment/Fees - CES	Remove
Adams	Alternative Care Facility EBD/CMHS	Remove
Adams	Behavioral Programing BI	Remove

⊟ Click to collapse.

*Servicing County [ ] *Specialty [ ]

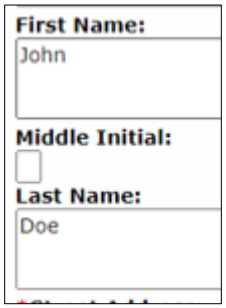
Add

Disclosures Panel

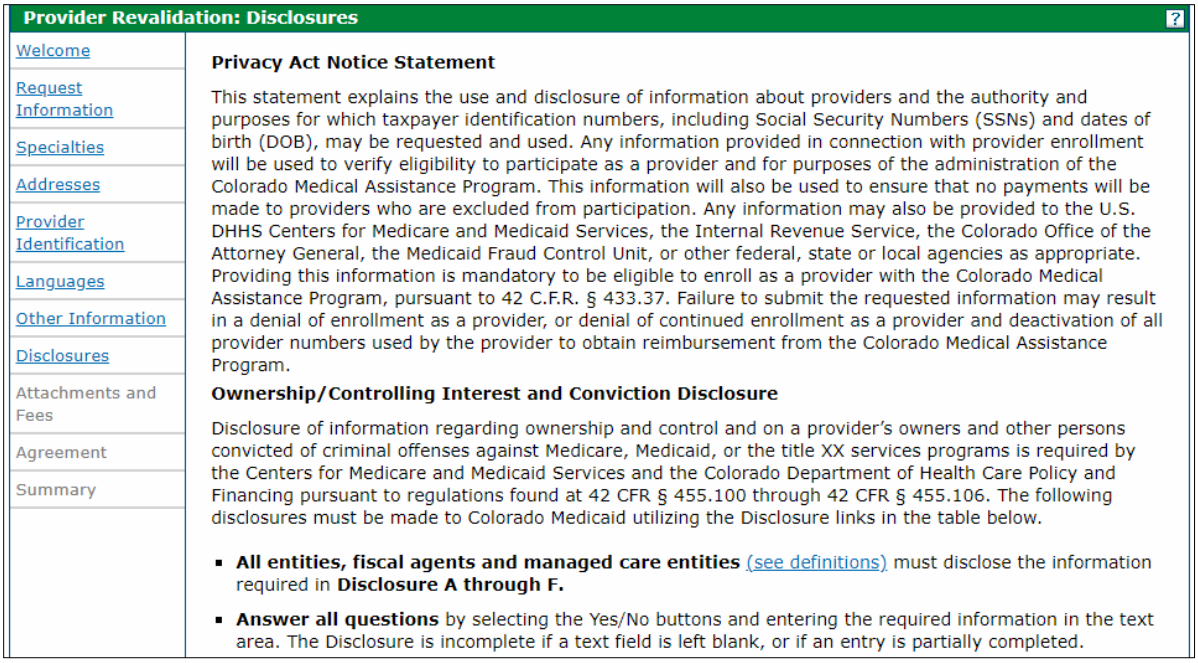
Each of the disclosures must be completed with current information.

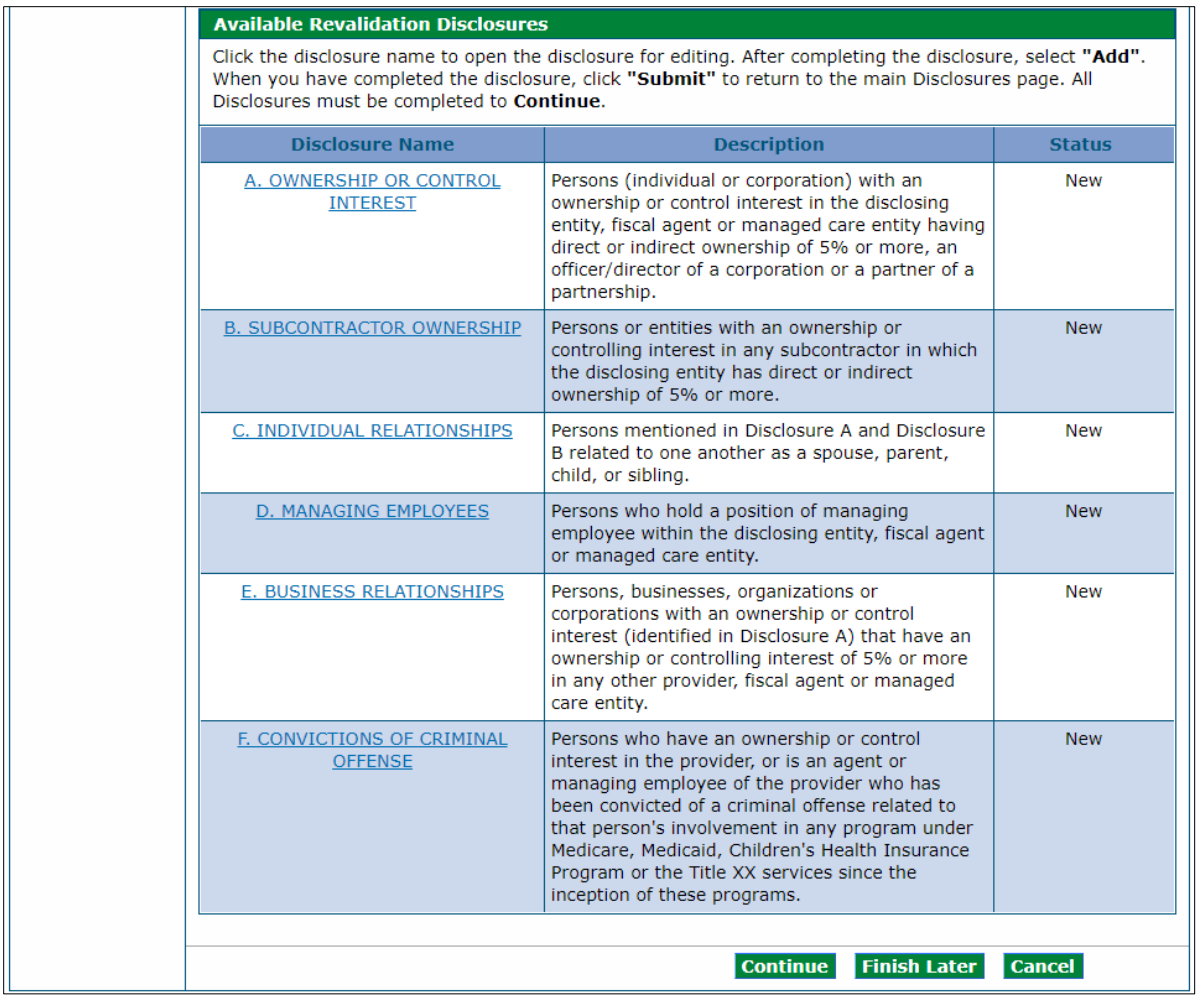
Note the following tips when entering information in any of the disclosures:

- There is a 50-character limit in all fields. The system allows the user to enter more than 50 characters; however, this may cause system issues during processing.
- Enter organizational entities in the **Organization Name** field on one (1) line with no extra spacing or information.
    - ***Example of what to enter***: ABC Company
    - ***Examples of what not to enter***:
        - A B C Company
        - ABC Company (two [2] spaces between ABC and Company)
        - Company, ABC
        - ABC Company, but it used to be 123 Company before…. (add only the name of the entity, no additional information).
        - ABC
          Company (two lines)
- Enter the names of individuals in the **First Name**, **Middle Initial** and **Last Name** fields. The name of the individual must be entered and cannot be a title, such as Board of Director.
    - ***Example of what to enter***:



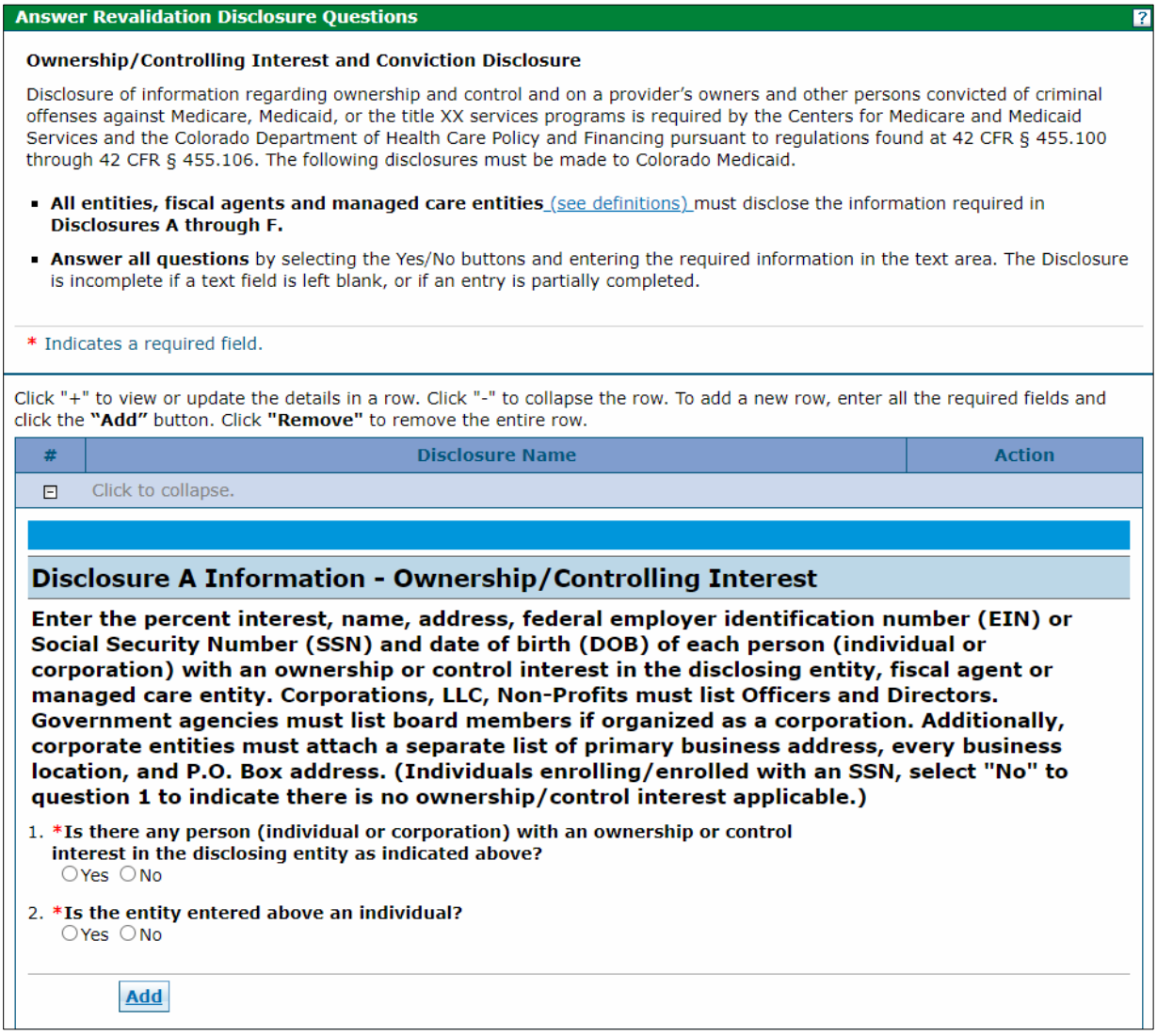
    - ***Example of what not to enter***:
        - John Smith (all in the same field)
        - Mr. John (do not include a prefix)
        - Smith, CEO (do not include a suffix)
        - John Smith, but it used to be owned by…. (add only the name of the entity, no additional information)


Provider Revalidation: Disclosures
Welcome
Request Information
Specialties
Addresses
Provider Identification
Languages
Other Information
Disclosures
Attachments and Fees
Agreement
Summary
Privacy Act Notice Statement
This statement explains the use and disclosure of information about providers and the authority and purposes for which taxpayer identification numbers, including Social Security Numbers (SSNs) and dates of birth (DOB), may be requested and used. Any information provided in connection with provider enrollment will be used to verify eligibility to participate as a provider and for purposes of the administration of the Colorado Medical Assistance Program. This information will also be used to ensure that no payments will be made to providers who are excluded from participation. Any information may also be provided to the U.S. DHHS Centers for Medicare and Medicaid Services, the Internal Revenue Service, the Colorado Office of the Attorney General, the Medicaid Fraud Control Unit, or other federal, state or local agencies as appropriate. Providing this information is mandatory to be eligible to enroll as a provider with the Colorado Medical Assistance Program, pursuant to 42 C.F.R. § 433.37. Failure to submit the requested information may result in a denial of enrollment as a provider, or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the Colorado Medical Assistance Program.
Ownership/Controlling Interest and Conviction Disclosure
Disclosure of information regarding ownership and control and on a provider's owners and other persons convicted of criminal offenses against Medicare, Medicaid, or the title XX services programs is required by the Centers for Medicare and Medicaid Services and the Colorado Department of Health Care Policy and Financing pursuant to regulations found at 42 CFR § 455.100 through 42 CFR § 455.106. The following disclosures must be made to Colorado Medicaid utilizing the Disclosure links in the table below.
All entities, fiscal agents and managed care entities (see definitions) must disclose the information required in Disclosure A through F.
Answer all questions by selecting the Yes/No buttons and entering the required information in the text area. The Disclosure is incomplete if a text field is left blank, or if an entry is partially completed.

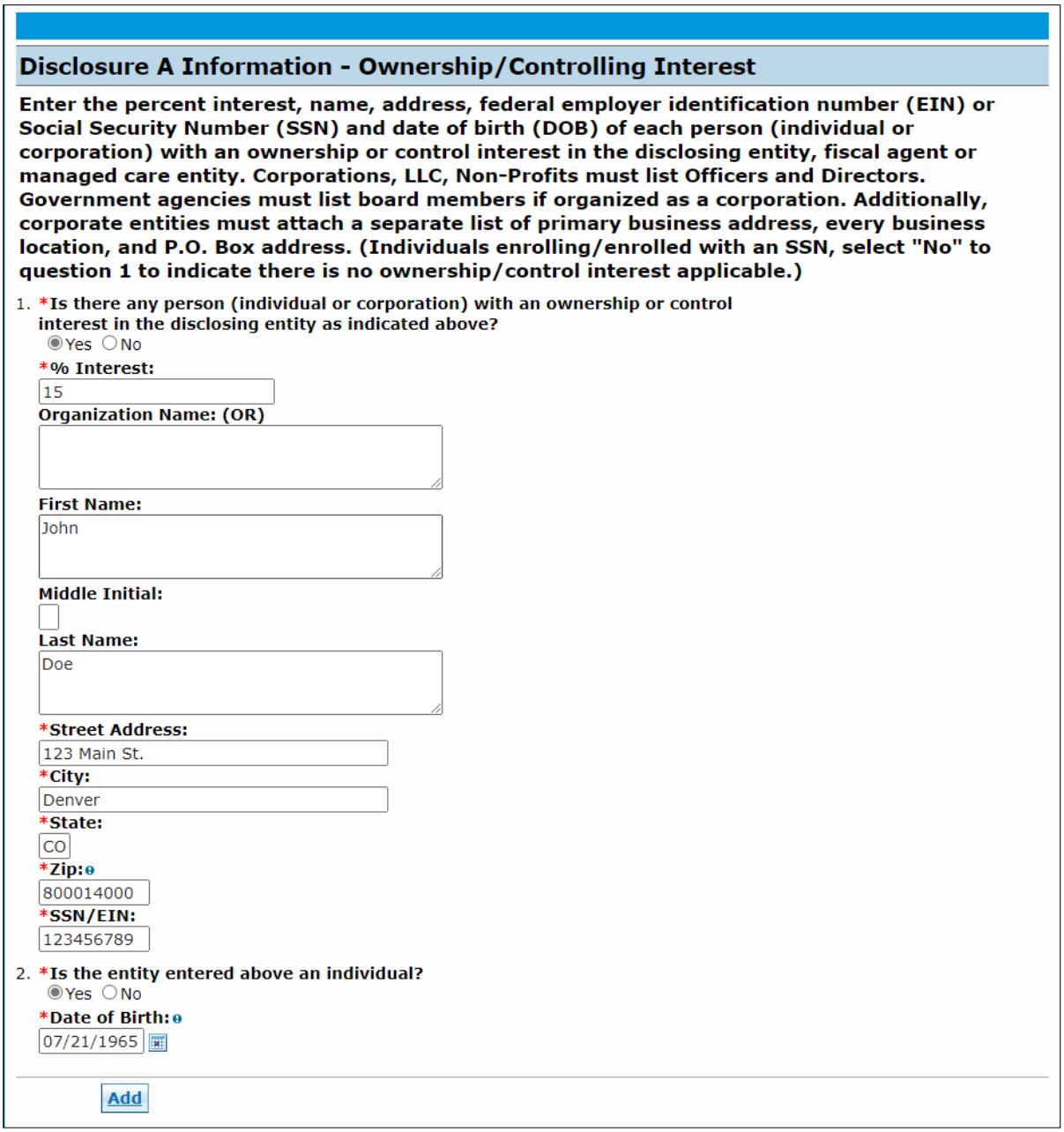

Available Revalidation Disclosures
Click the disclosure name to open the disclosure for editing. After completing the disclosure, select "Add". When you have completed the disclosure, click "Submit" to return to the main Disclosures page. All Disclosures must be completed to Continue.
Disclosure Name
Description
Status
A. OWNERSHIP OR CONTROL INTEREST
Persons (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent or managed care entity having direct or indirect ownership of 5% or more, an officer/director of a corporation or a partner of a partnership.
New
B. SUBCONTRACTOR OWNERSHIP
Persons or entities with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more.
New
C. INDIVIDUAL RELATIONSHIPS
Persons mentioned in Disclosure A and Disclosure B related to one another as a spouse, parent, child, or sibling.
New
D. MANAGING EMPLOYEES
Persons who hold a position of managing employee within the disclosing entity, fiscal agent or managed care entity.
New
E. BUSINESS RELATIONSHIPS
Persons, businesses, organizations or corporations with an ownership or control interest (identified in Disclosure A) that have an ownership or controlling interest of 5% or more in any other provider, fiscal agent or managed care entity.
New
F. CONVICTIONS OF CRIMINAL OFFENSE
Persons who have an ownership or control interest in the provider, or is an agent or managing employee of the provider who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Children's Health Insurance Program or the Title XX services since the inception of these programs.
New
Continue
Finish Later
Cancel

Disclosure A is regarding ownership and controlling interest in the applicant. Indicate the information for each person (individual or corporation) with 5% or more ownership or controlling interest in the applicant. The board of directors or government agency management structure may be applicable depending on how the business is registered. (Board of Director members or management structure may show 0% ownership.) It is recommended to select the **No** option in the first question for individual applicants (SSN enrollments) to indicate that ownership/control interest does not apply to the individual.

Disclosures Panel – Ownership/Controlling Interest Disclosure A



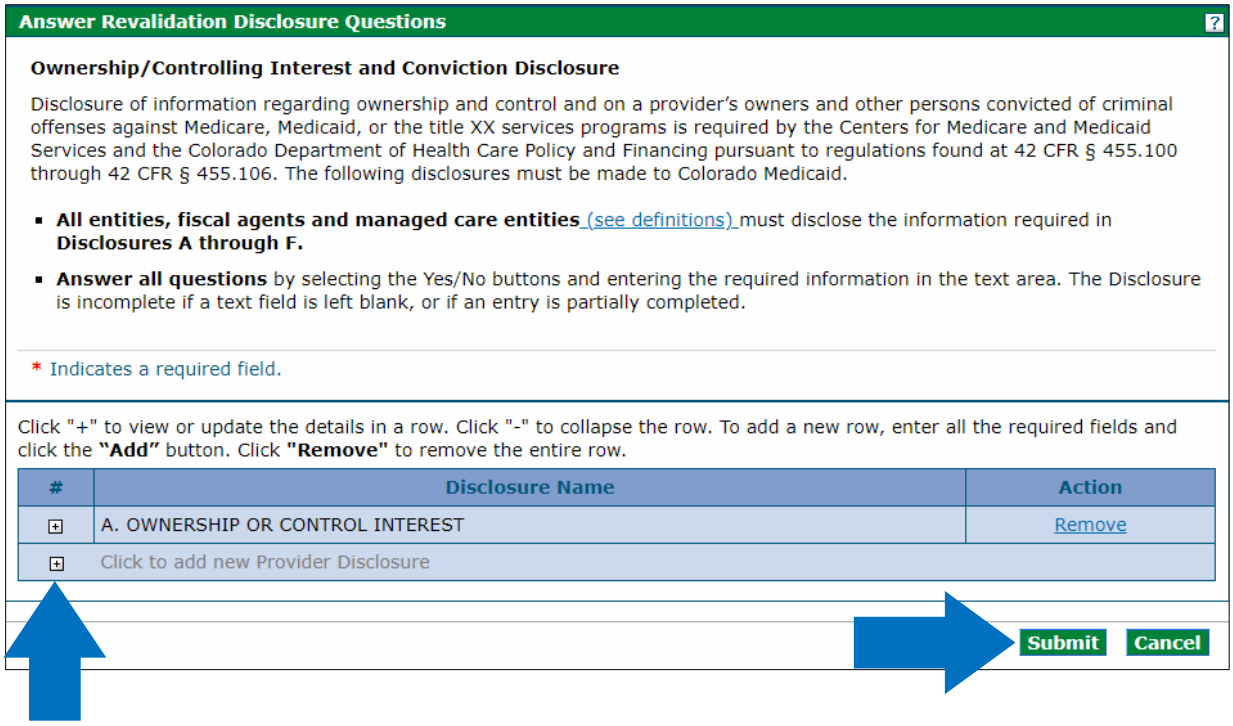
Selecting **Yes** opens an additional section for the required information to be entered, as shown below.



Entities that are an individual owner must select **Yes** to question 2 (**Is the entity entered above an individual?**) and enter the individual's date of birth, as shown above. The application is returned to the user to correct the information if the user selects **No** (that the entity is not an individual) but enters information for an individual.

Click the **Add** button to update the panel as shown below when this information is complete.

Disclosures Panel – Ownership/Controlling Interest Disclosure A – Add or Submit



Click the **+** sign next to **Click to add new Provider Disclosure** to add additional entities.

Click the **Submit** button on the right side of the panel when all ownership/controlling interest is entered. The panel updates and this item on the Disclosure list reflects **Completed**, as shown below.

Disclosures Panel – Ownership/Controlling Interest Disclosure A – Completed

Available Revalidation Disclosures

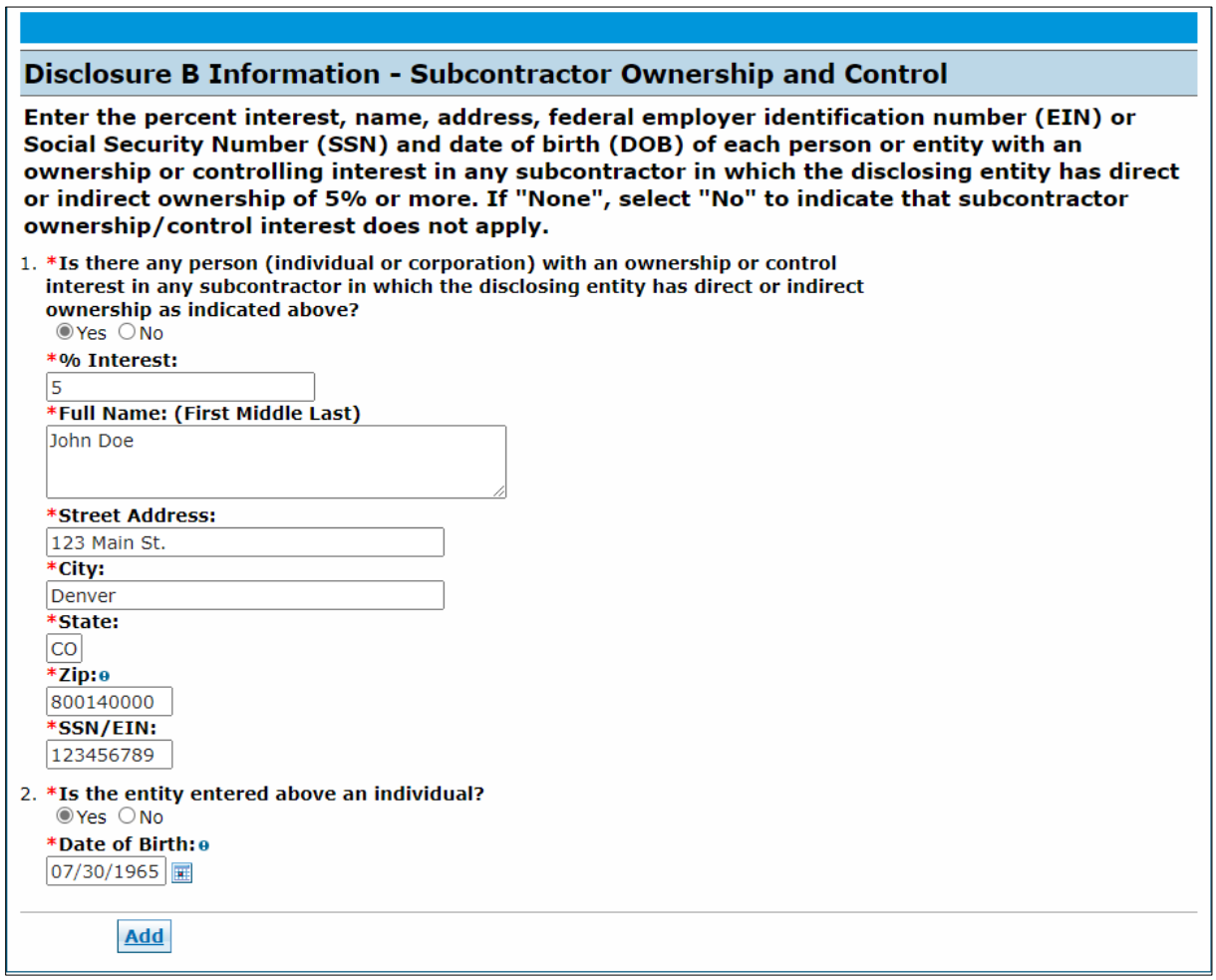
Click the disclosure name to open the disclosure for editing. After completing the disclosure, select **"Add"**. When you have completed the disclosure, click **"Submit"** to return to the main Disclosures page. All Disclosures must be completed to **Continue**.

Disclosure Name	Description	Status
A. OWNERSHIP OR CONTROL INTEREST	Persons (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent or managed care entity having direct or indirect ownership of 5% or more, an officer/director of a corporation or a partner of a partnership.	Completed
B. SUBCONTRACTOR OWNERSHIP	Persons or entities with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more.	New
C. INDIVIDUAL RELATIONSHIPS	Persons mentioned in Disclosure A and Disclosure B related to one another as a spouse, parent, child, or sibling.	New
D. MANAGING EMPLOYEES	Persons who hold a position of managing employee within the disclosing entity, fiscal agent or managed care entity.	New
E. BUSINESS RELATIONSHIPS	Persons, businesses, organizations or corporations with an ownership or control interest (identified in Disclosure A) that have an ownership or controlling interest of 5% or more in any other provider, fiscal agent or managed care entity.	New
F. CONVICTIONS OF CRIMINAL OFFENSE	Persons who have an ownership or control interest in the provider, or is an agent or managing employee of the provider who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Children's Health Insurance Program or the Title XX services since the inception of these programs.	New

Disclosure B is regarding subcontractor ownership and control. Indicate all persons or entities with an ownership or controlling interest in any subcontractor in which the disclosing entity/applicant has direct or indirect ownership of 5% or more.

Clicking **Yes** opens an additional section for the required information to be entered. Click the **Add** button to update the panel when the information is completed.

Disclosures Panel – Subcontractor Ownership and Control Disclosure B - Questions

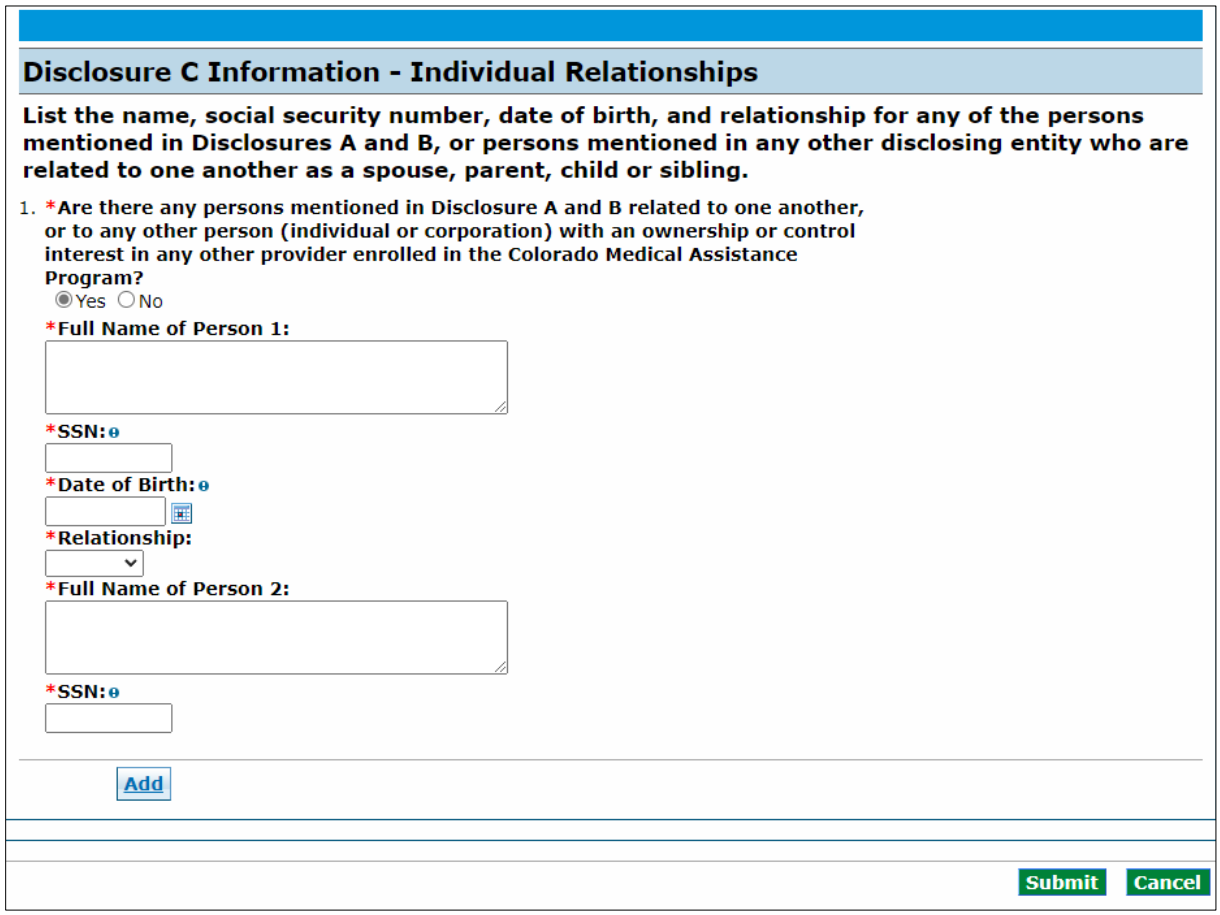


Continue to add entities as applicable. Click the **Submit** button on the right side of the panel when all subcontractor ownership and control information is entered. The panel updates and this item on the Disclosure list reflects as **Completed**.

Disclosure C is regarding individual relationships. Indicate any individuals mentioned in Disclosure A and Disclosure B that are related to one another as a spouse, parent, child or sibling.

Clicking **Yes** opens an additional section for the required information to be entered.

Disclosures Panel – Individual Relationships Disclosure C – Questions



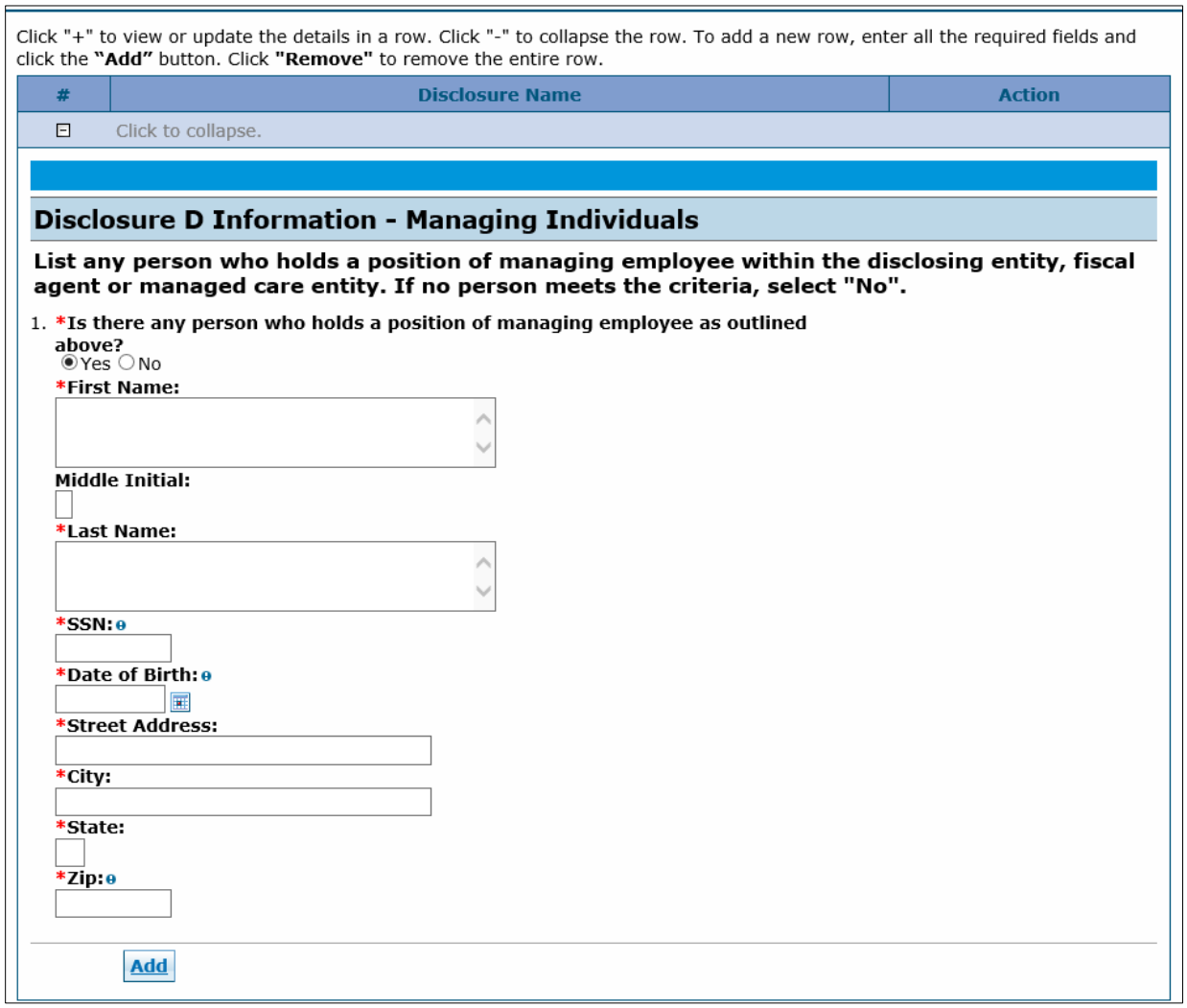
Click the **Add** button to update the panel when the information is completed.

Continue to add individuals as applicable. Click the **Submit** button on the right side of the panel when all individual relationships are entered. The panel updates and this item on the Disclosure list now reflects as completed.

Disclosure D is regarding managing individuals. Indicate any individuals that hold a position of managing employee within the disclosing entity/applicant.

Clicking **Yes** opens an additional section for the required information to be entered. Click the **Add** button to update the panel when the information is completed.

Disclosures Panel – Managing Individuals Disclosure D – Questions

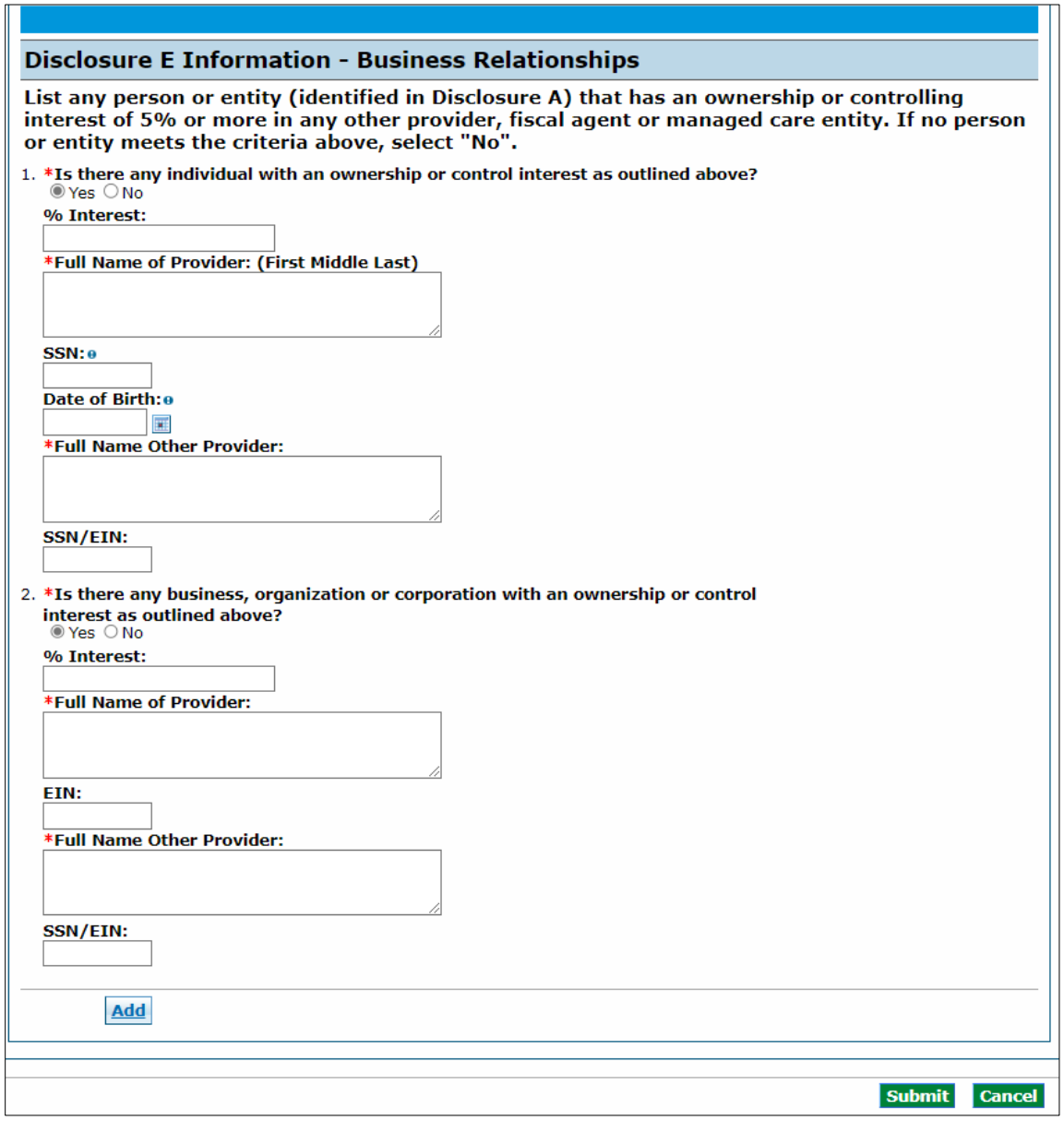


Continue to add individuals as applicable. Click the **Submit** button on the right side of the panel when all managing individuals are entered. The panel updates and this item on the Disclosure list now reflects as completed.

Disclosure E is regarding business relationships. Indicate any persons or entity (identified in **Disclosure A**) that has an ownership or controlling interest of 5% or greater in any other provider, fiscal agent or managed care entity.

Clicking **Yes** opens an additional section for the required information to be entered. Click the **Add** button to update the panel when the information is completed.

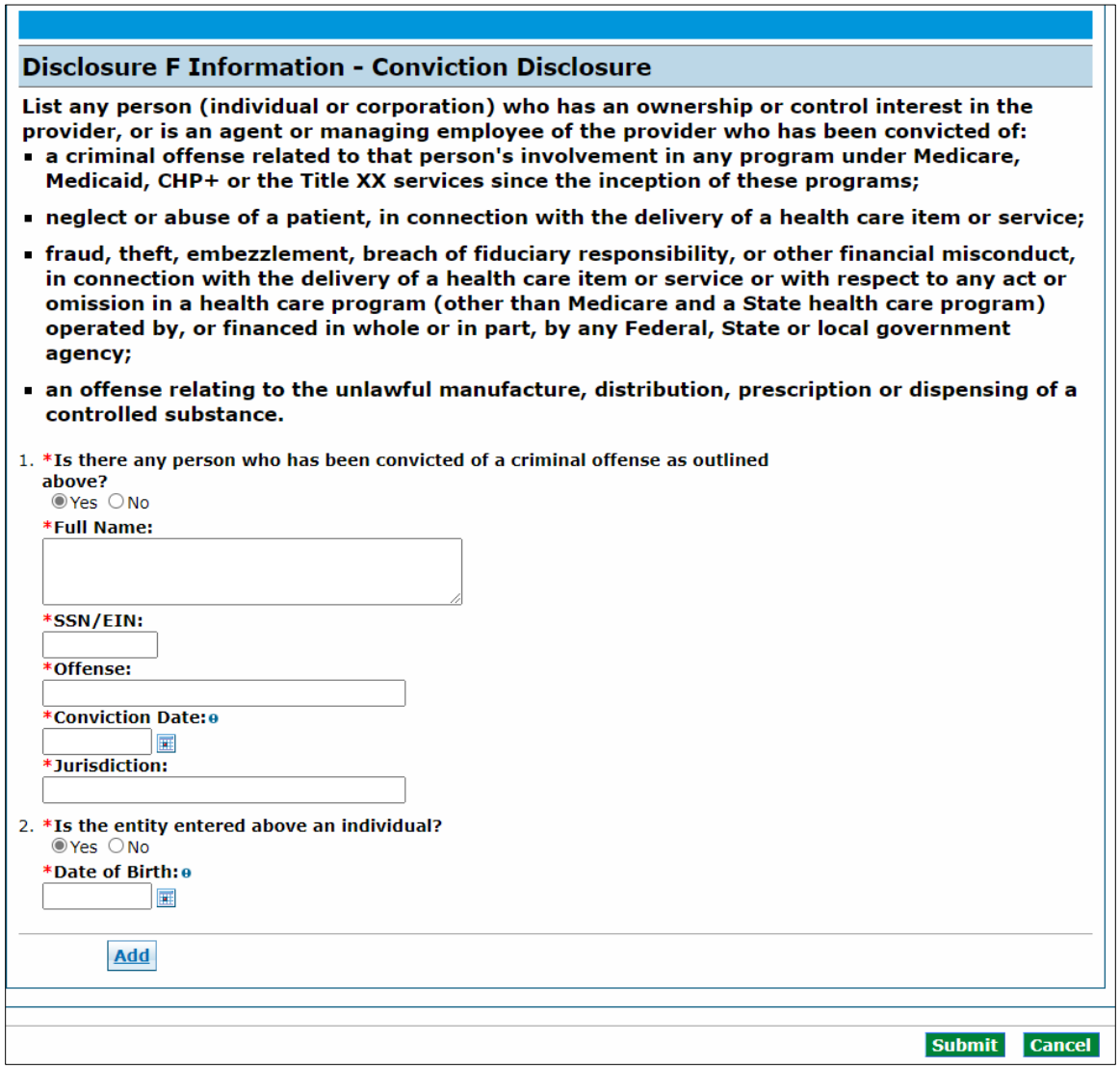
Disclosures Panel – Business Relationships Disclosure E– Questions



Continue to add entities as applicable. Click the **Submit** button on the right side of the panel when all business relationships are entered. The panel updates and this item on the Disclosure list now reflects as completed.

Disclosure F is regarding convictions. Indicate any persons with ownership or controlling interest in, or that is an agent or managing employee of the applicant who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Children's Health Insurance Program or the Title XX services since the inception of these programs.

Disclosures Panel – Conviction Disclosure F – Questions



Clicking **Yes** opens an additional section for the required information to be entered. Click the **Add** button to update the panel when the information is completed.

Continue to add entities as applicable. Click the **Submit** button on the right side of the panel when all convictions are entered. The panel updates and this item on the Disclosure list now reflects as completed.

Click **Continue**, **Finish Later** or **Cancel** when all questions have been completed within the **Disclosures** panel.

Disclosures Panel – Completed

Available Revalidation Disclosures

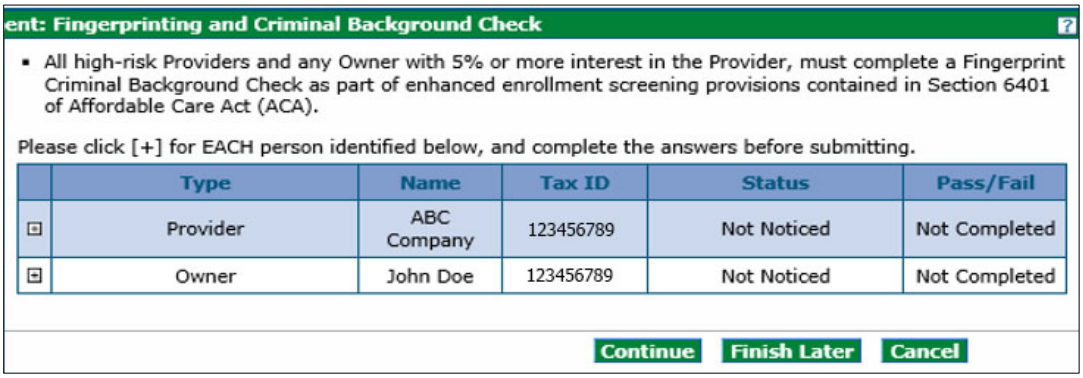
Click the disclosure name to open the disclosure for editing. After completing the disclosure, select **"Add"**. When you have completed the disclosure, click **"Submit"** to return to the main Disclosures page. All Disclosures must be completed to **Continue**.

Disclosure Name	Description	Status
A. OWNERSHIP OR CONTROL INTEREST	Persons (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent or managed care entity having direct or indirect ownership of 5% or more, an officer/director of a corporation or a partner of a partnership.	Completed
B. SUBCONTRACTOR OWNERSHIP	Persons or entities with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more.	Completed
C. INDIVIDUAL RELATIONSHIPS	Persons mentioned in Disclosure A and Disclosure B related to one another as a spouse, parent, child, or sibling.	Completed
D. MANAGING EMPLOYEES	Persons who hold a position of managing employee within the disclosing entity, fiscal agent or managed care entity.	Completed
E. BUSINESS RELATIONSHIPS	Persons, businesses, organizations or corporations with an ownership or control interest (identified in Disclosure A) that have an ownership or controlling interest of 5% or more in any other provider, fiscal agent or managed care entity.	Completed
F. CONVICTIONS OF CRIMINAL OFFENSE	Persons who have an ownership or control interest in the provider, or is an agent or managing employee of the provider who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Children's Health Insurance Program or the Title XX services since the inception of these programs.	Completed

Continue Finish Later Cancel

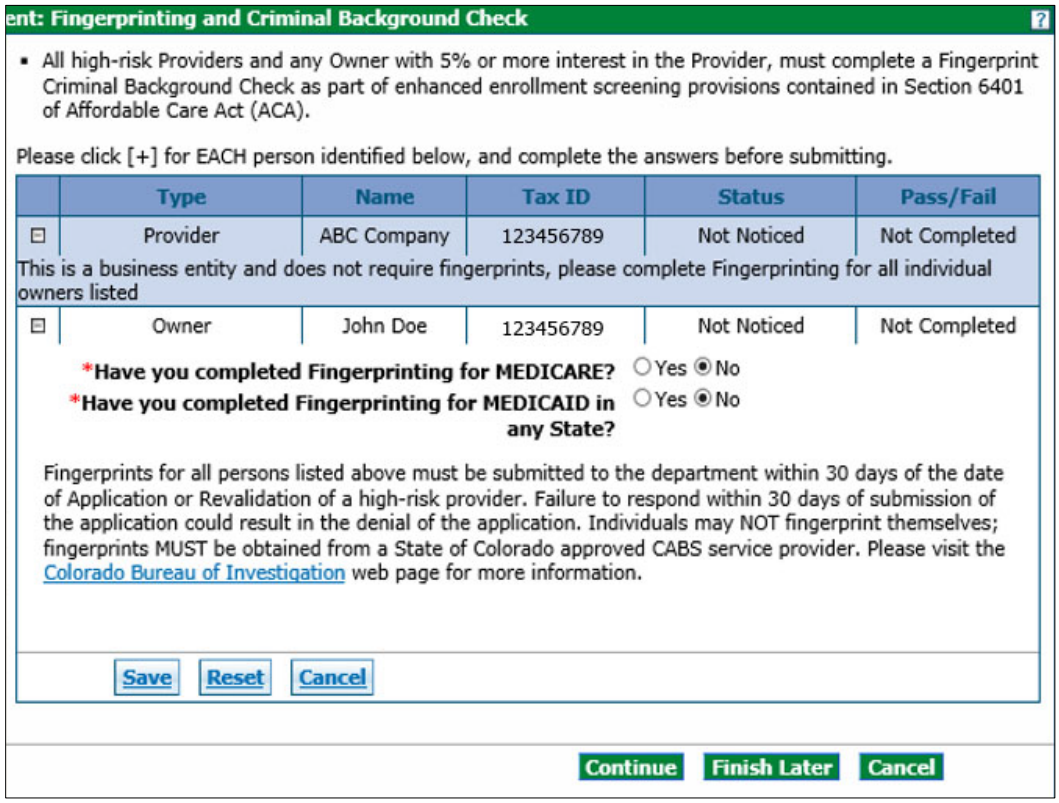
Fingerprinting Panel

The **Fingerprinting** panel displays if the provider's Revalidation Risk Level is **High**, and fingerprints are required for each individual owner listed with an ownership of 5% or more. Owner information is populated by the content entered on the **Disclosures** panel. For providers that are business entities, all owners with 5% or more interest in the business is displayed with a status indicating any individuals that need to submit fingerprints.

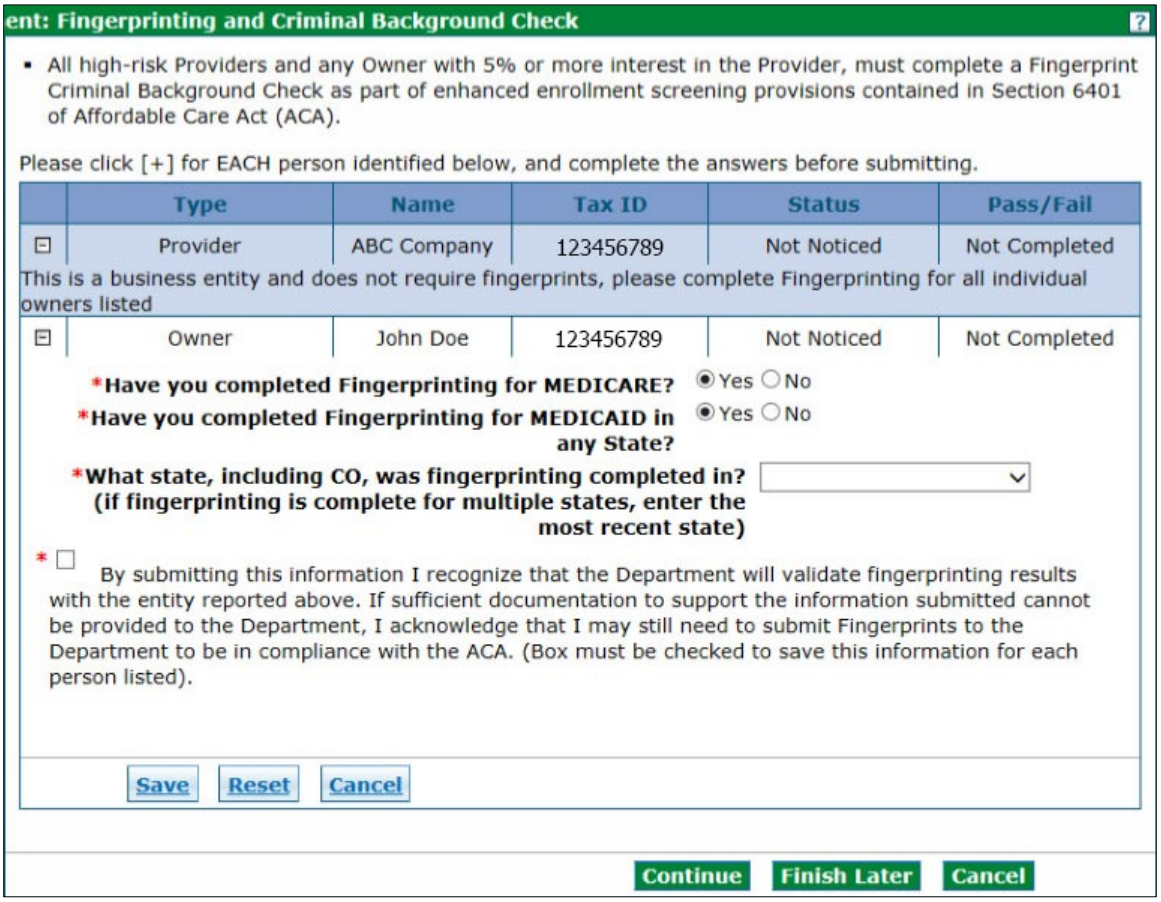


Owners that have ***not*** completed the Fingerprinting and Criminal Background Check (for either ***Medicare*** or ***Medicaid***) must follow the instructions on this panel to have fingerprints submitted within 30 calendar days of the submission of the revalidation application.

Refer to the information in the Fingerprinting drop-down under Enrollment Facts on the Provider Enrollment web page.



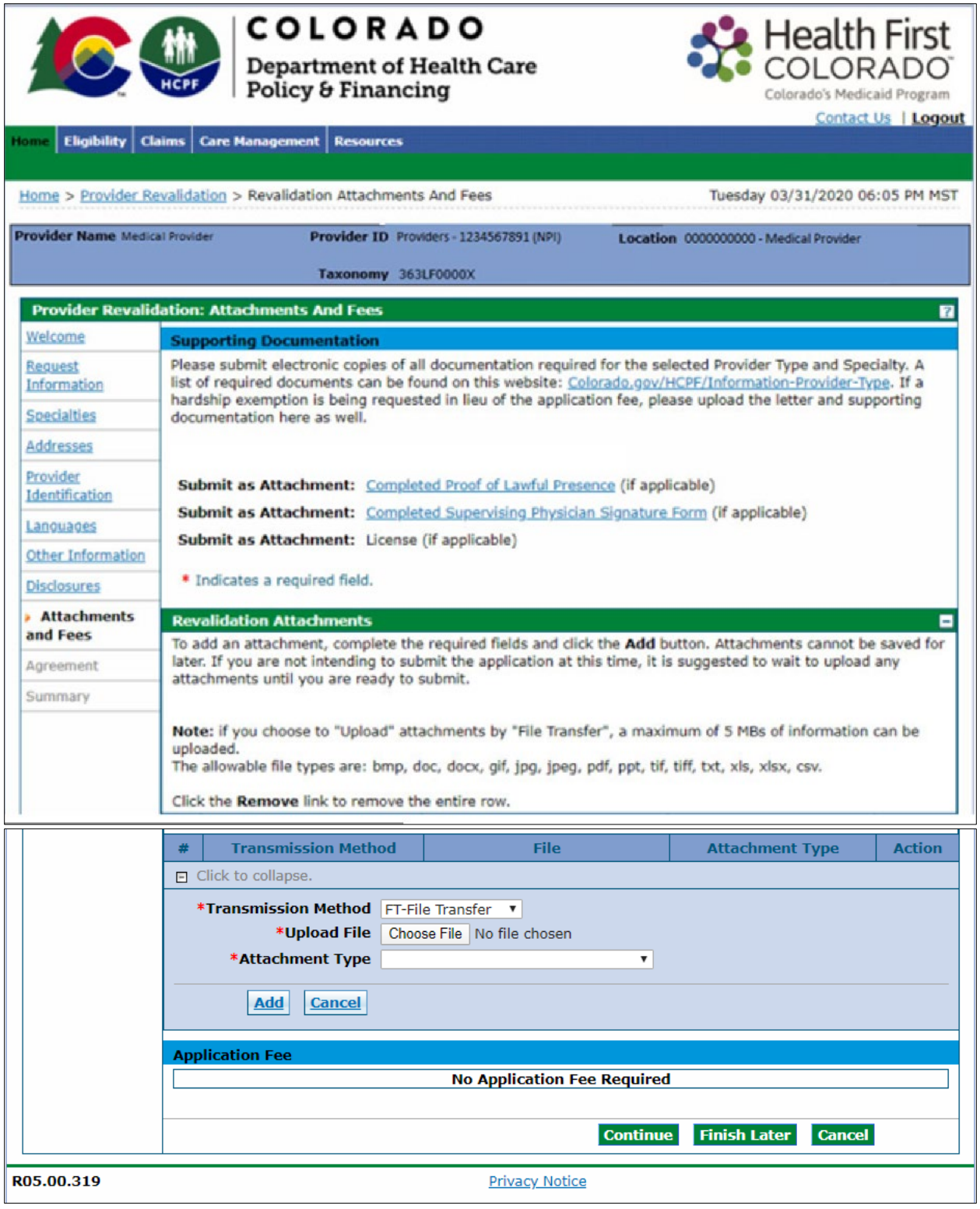
Owners that ***have*** completed the Fingerprinting and Criminal Background Check (for either ***Medicare*** or ***Medicaid***) should select **Yes** next to the appropriate selection. The panel updates after **Yes** is selected and requests confirmation of the state in which the fingerprinting was completed. Select the checkbox next to the acknowledgement statement.



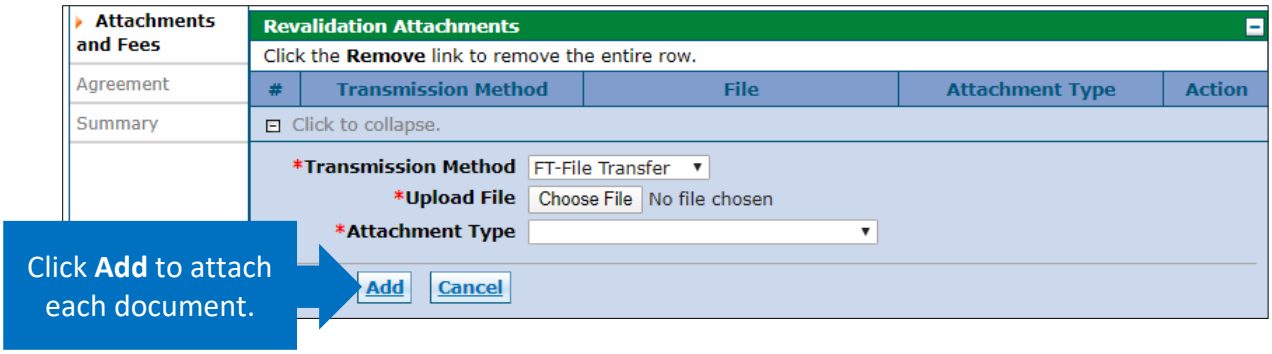
Click **Save** once completed with **each owner**, then click **Continue** to move to the next section.

Providers and owners requiring fingerprinting are given specific instructions on how to proceed once the application is submitted.

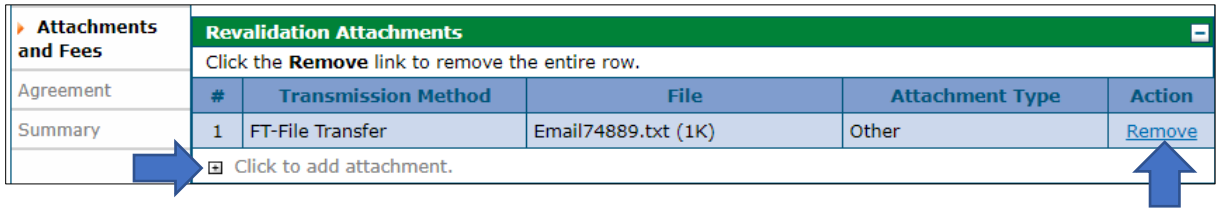
Attachments and Fees Panel



Attachments Section



Click the **+** sign to add each attachment as needed. Click the **Remove** link to remove an attachment. Click **Continue**, **Finish Later** or **Cancel** once all attachments are added.



Required attachments may be submitted electronically on this panel. Attachments sent by mail, email or fax cannot be accepted. These attachments must be added to the **Attachments and Fees** panel of the revalidation application.

Not all documents listed under **Supporting Documentation** may apply to revalidation.

A current copy is required if any of the following information is added or updated in the revalidation application:

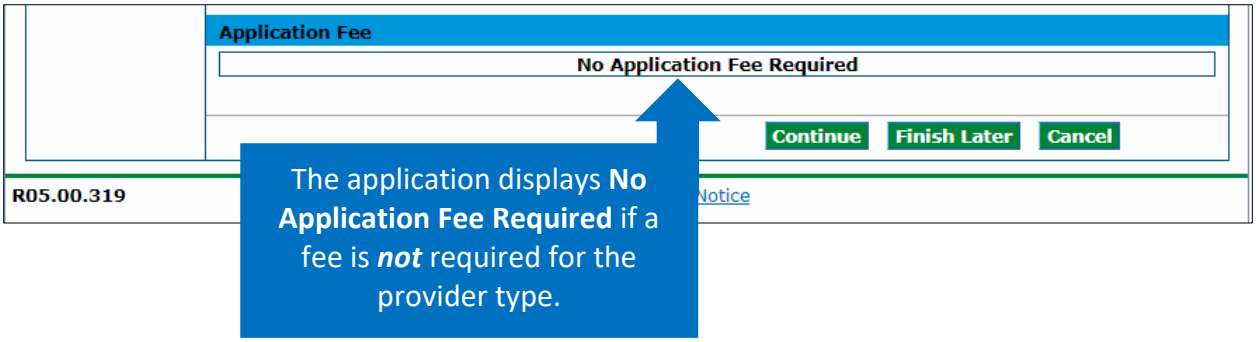
- Licenses
- Certifications
- Malpractice/General Liability Insurance (Nursing Facilities only)
- Institutional bed Information – License required

Application Fee Section

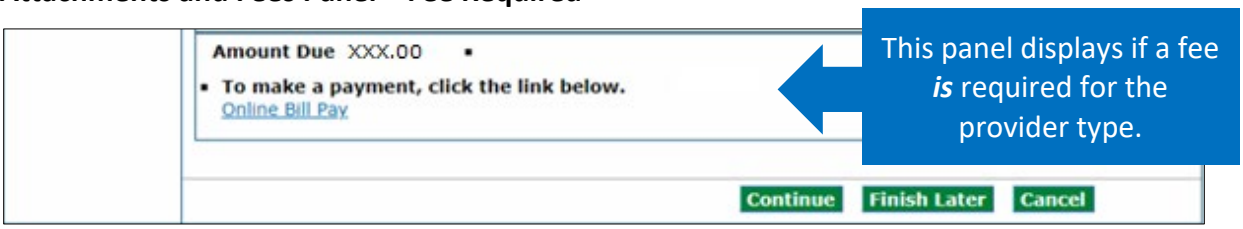
The application fee is required to be paid during revalidation. The questions in the **Application Fee** section are displayed only when applicable. The application fee may not be required for revalidation if the service location has enrolled or revalidated with Medicare or another state's Medicaid program in the last five (5) years and paid an application fee. A copy of the receipt indicating payment to another state Medicaid agency must be uploaded in the **Attachments** section with an **Attachment Type** of **Other**.

The application fee is set annually by the Centers for Medicare & Medicaid Services (CMS). The updated fee begins on January 1 and ends on December 31 each year. Visit the Provider Enrollment web page for the current amount.

Attachments and Fees Panel – No Fee Required



Attachments and Fees Panel – Fee Required



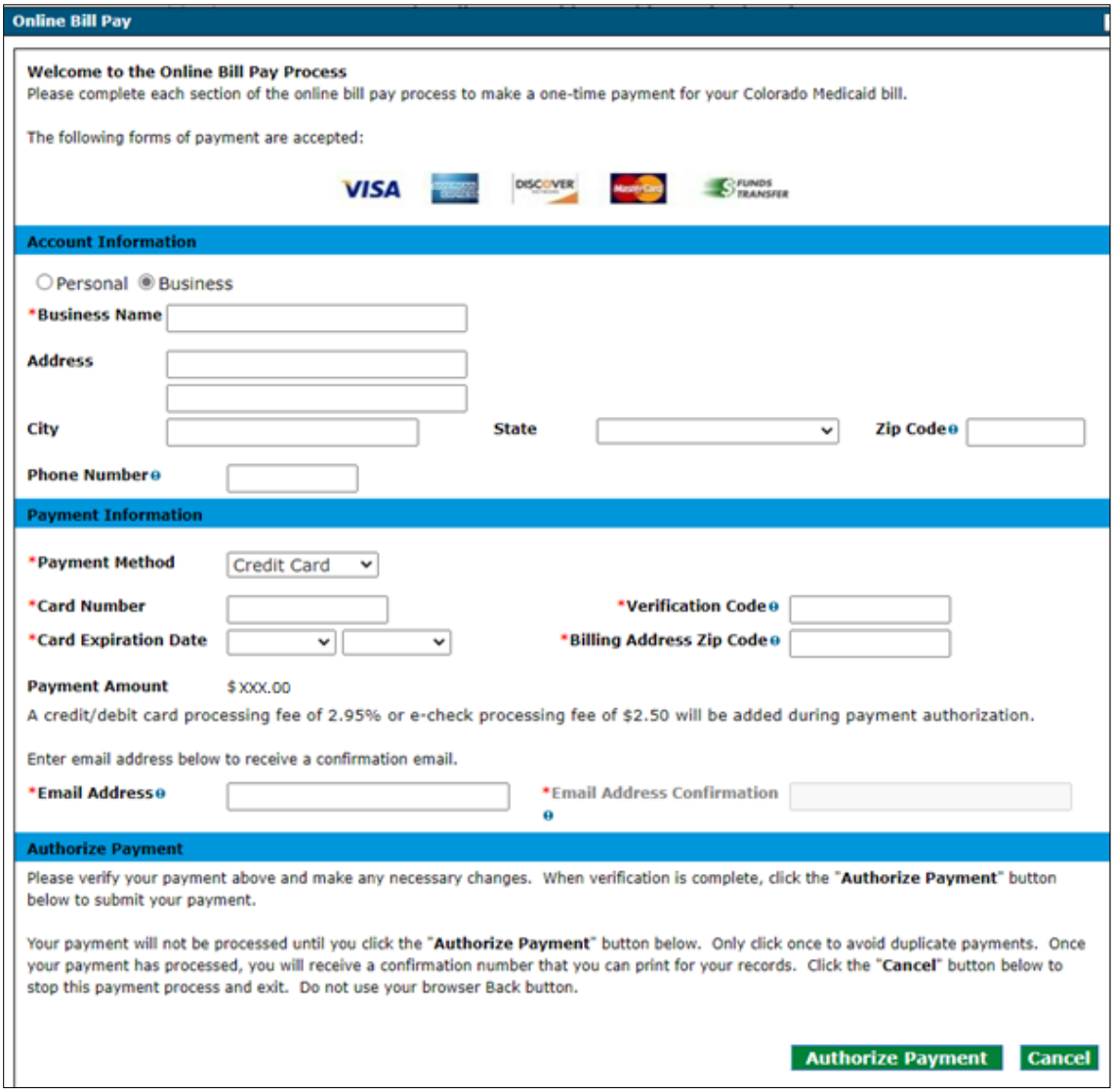
Financial Hardship

Users requesting a waiver for financial hardship must include a letter describing the financial hardship and why the hardship justifies an exception, as well as any additional supporting documentation that the user believes may aid the Department of Health Care Policy & Financing (the Department) and Centers for Medicare & Medicaid Services (CMS) in the determination.

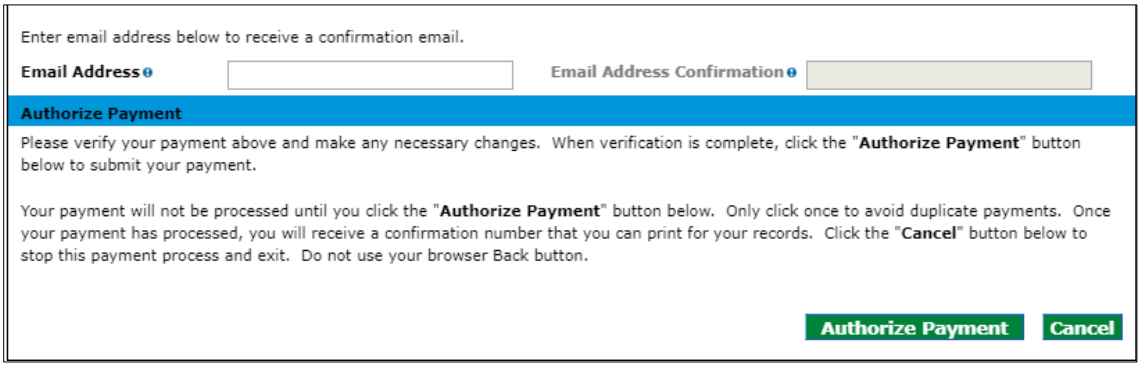
- Recommended supporting documentation includes most recent entity tax return(s), financial profit/loss exports (i.e., QuickBooks, Xero, etc.), three (3) or more bank statements and any additional documentation that would validate the hardship(s) indicated within the hardship letter.
    - Additional supporting documentation may include but is not limited to historical cost reports, recent financial reports such as balance sheets and income statements, cash flow statements, liability obligations, tax returns, etc.

The revalidation will be delayed while a determination is made if the user applies for an application fee waiver. The letter and supporting documentation must be uploaded on this panel in the **Attachments** section with an **Attachment Type** of **Other**.

Click the **Online Bill Pay** link if an application fee is due, and a payment form opens in a pop-up window:

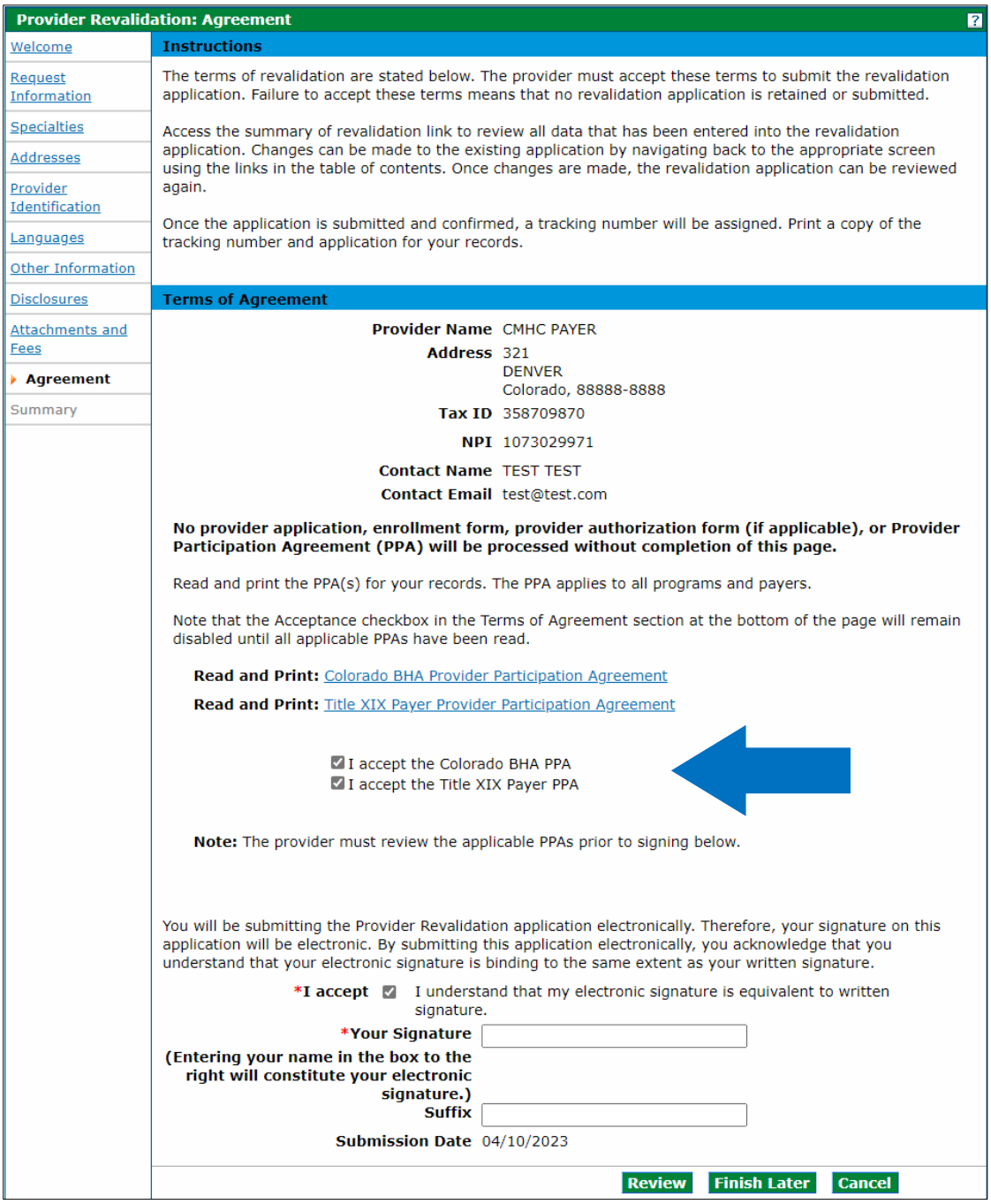


Note: A processing fee of 2.95% is charged for a debit/credit card payment, and a processing fee of $2.50 is charged for an e-check.



Agreement Panel

All Provider Participation Agreements (PPAs) must be read and accepted before submitting the revalidation application.

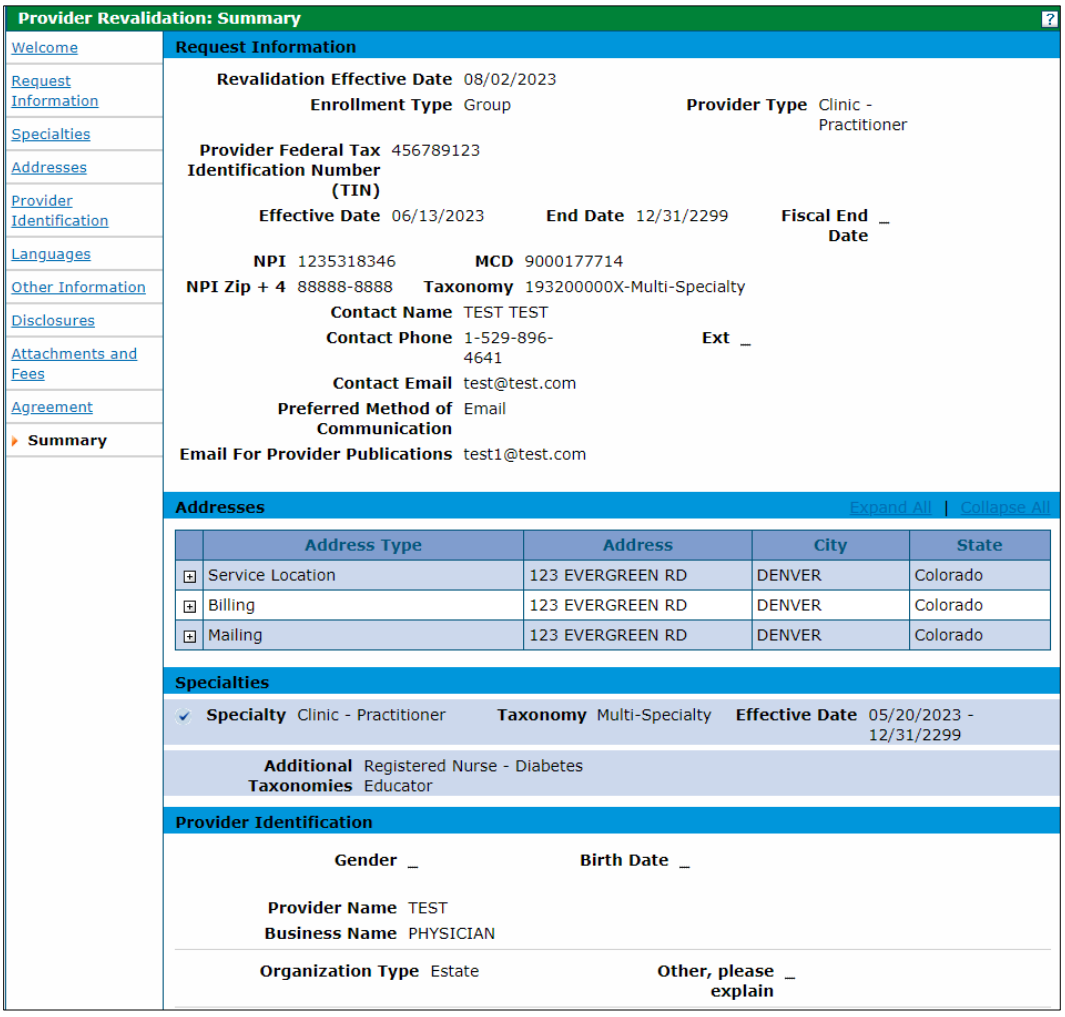


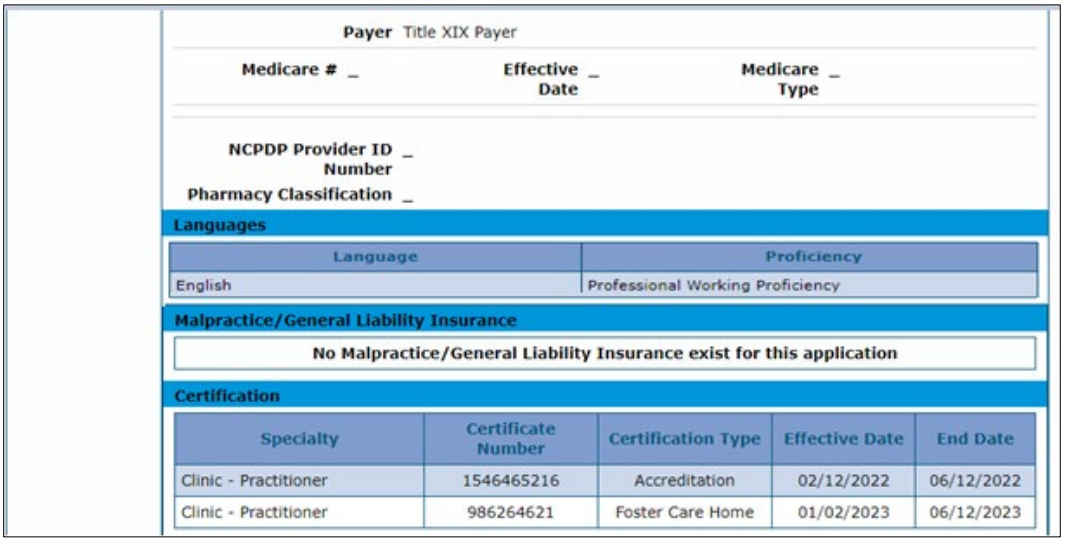
A checkmark appears next to the PPA link once complete.

Enter the provider's name as the electronic signature and select the **I accept** box to complete the panel. The **Review** button becomes active.

Summary Panel

The **Summary** panel shows the revalidation application in its entirety. The user should review all information for accuracy.





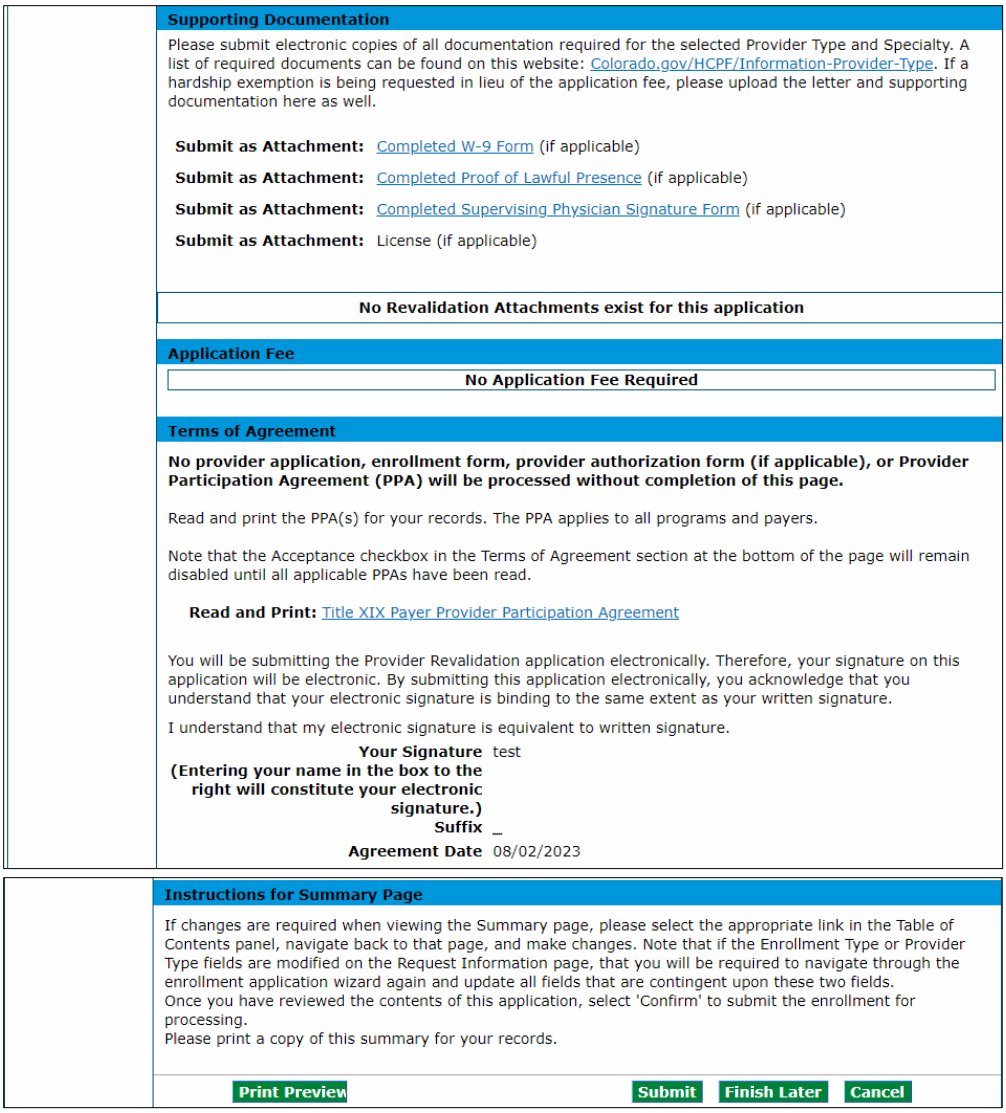
Medicaid Participation

1. **Are you currently enrolled in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s)?**
   No
2. **Are you currently applying for enrollment in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s)?**
   No
3. **Have you ever been denied enrollment for cause in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP in Colorado or of any other state(s)?**
   No
4. **Has your enrollment in the Title XVIII (Medicare) program or the Title XIX (Medicaid) program or CHIP of any other state(s) ever been terminated or revoked for cause?**
   No
5. **Have you ever been excluded from participation in Medicare, Medicaid and all other Federal health care programs by the Office of the Inspector General, U.S. Department of Health and Human Services?**
   No
6. **Have you ever been excluded from participation in federal procurement?**
   No
7. **Do you hold all licenses and certifications as required based on your provider type?**
   Yes
8. **Is this license expired, or subject to conditions or restrictions?**
   No
9. **Have you ever been subject to a payment suspension based on a credible allegation of fraud?**
   No
10. **Do you currently have an outstanding overpayment of $1,500 or more that is over 30 days past due, you have not entered into a payment plan for, and is not currently the subject of an appeal?**
    No

Website Address _

Disclosures

Disclosure Name	Description	Status
A. OWNERSHIP OR CONTROL INTEREST	Persons (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent or managed care entity having direct or indirect ownership of 5% or more, an officer/director of a corporation or a partner of a partnership.	Completed
B. SUBCONTRACTOR OWNERSHIP	Persons or entities with an ownership or controlling interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more.	Completed
C. INDIVIDUAL RELATIONSHIPS	Persons mentioned in Disclosure A and Disclosure B related to one another as a spouse, parent, child, or sibling.	Completed
D. MANAGING EMPLOYEES	Persons who hold a position of managing employee within the disclosing entity, fiscal agent or managed care entity.	Completed
E. BUSINESS RELATIONSHIPS	Persons, businesses, organizations or corporations with an ownership or control interest (identified in Disclosure A) that have an ownership or controlling interest of 5% or more in any other provider, fiscal agent or managed care entity.	Completed
F. CONVICTIONS OF CRIMINAL OFFENSE	Persons who have an ownership or control interest in the provider, or is an agent or managing employee of the provider who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Children's Health Insurance Program or the Title XX services since the inception of these programs.	Completed

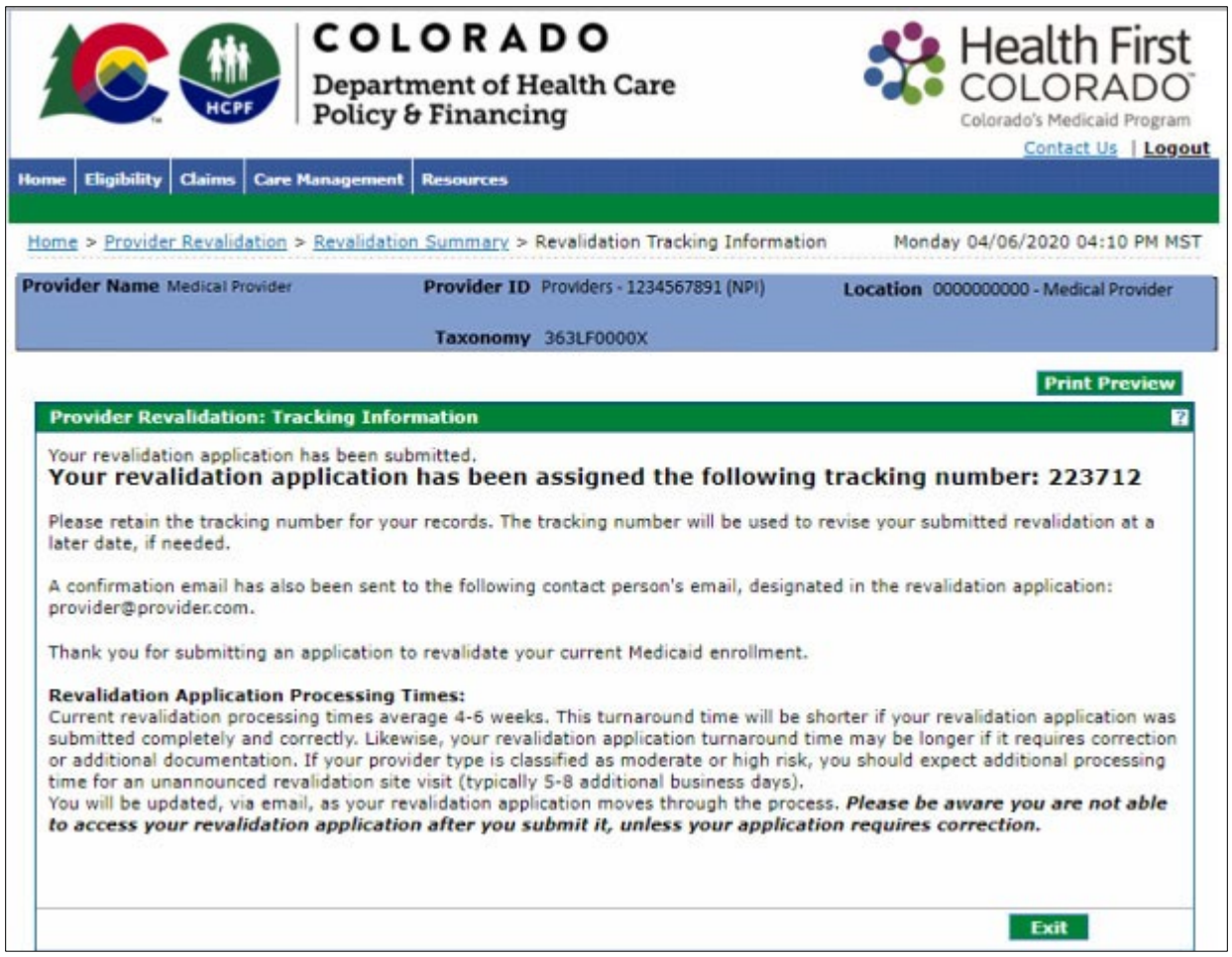


Click the **Print Preview** button to print a copy of the revalidation application. This is the only opportunity to print a copy.

Click the **Submit** button to submit the revalidation application for review. Click the **Finish Later** button to save the information and finish the application later. Click the **Cancel** button to log out of the application without saving the information.

When the **Submit** button is clicked, the user is asked if they have printed a copy of this application for their records. Click **OK** if a copy has been printed or the user does not wish to print a copy. The user may click **Cancel** to return to the application to print a copy.

Clicking the **OK** button displays the tracking number for the revalidation application.



Click the **Exit** button to return to the **Welcome** panel.

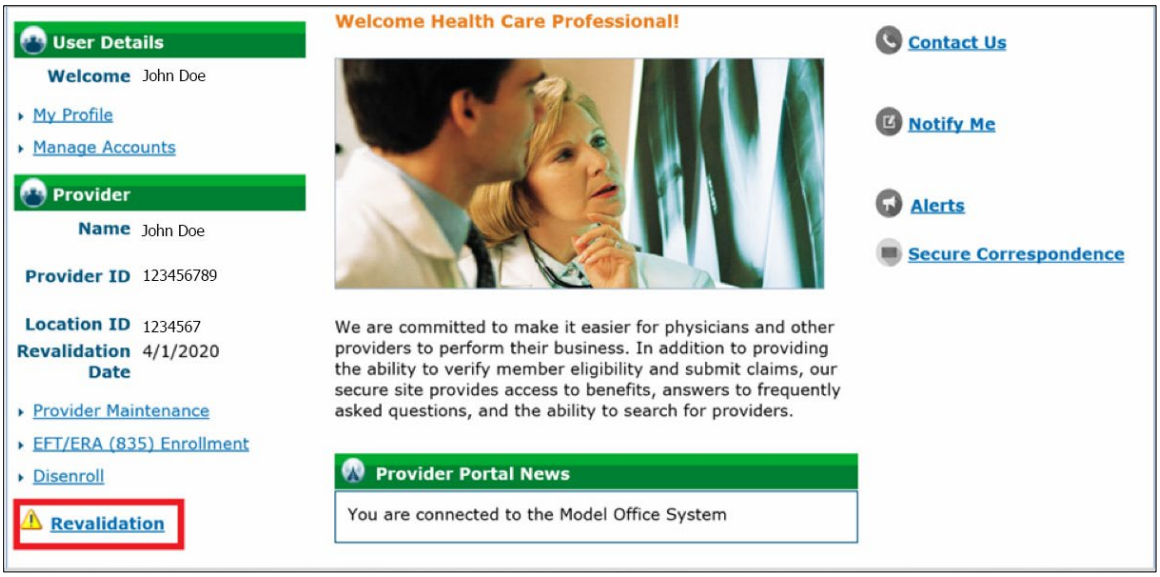
Contact the Provider Services Call Center for additional support.

Visit the For Our Providers web page for additional resources.

Resume Revalidation

Log in to the Provider Web Portal and click the **Revalidation** link to:

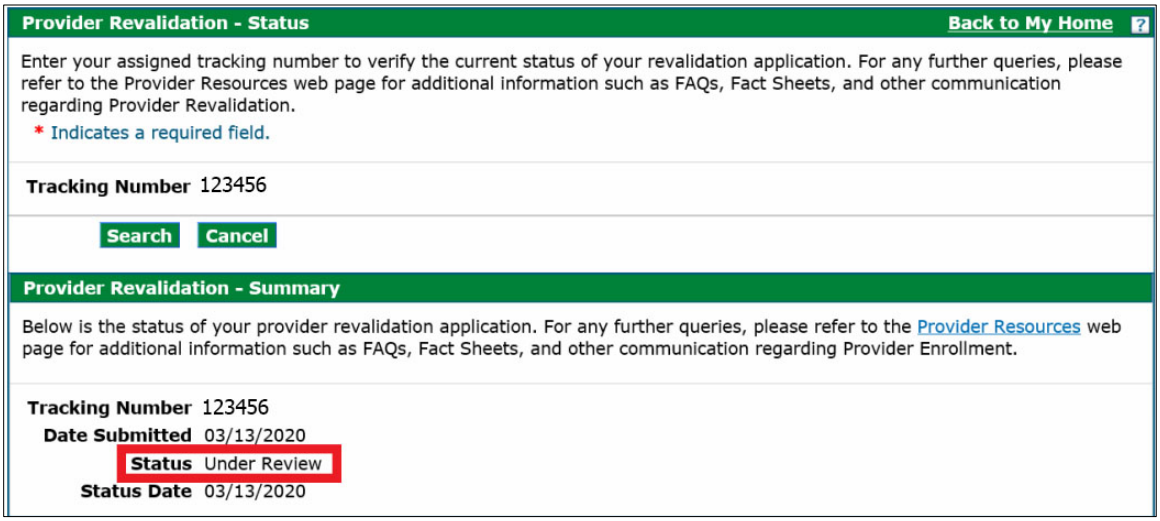
- Open the revalidation application and resume the revalidation process if the user was unable to complete the process and elected to save the work.
- Access the revalidation application if the application was completed but the user received a Return to Provider (RTP) email from the fiscal agent stating additional or corrected information is needed.



No changes may be made to the information entered once the application is submitted unless the revalidation application is RTP'd for updates or corrections.

Revalidation Status

Click the **Revalidation** link to open the **Provider Revalidation Status** panel if the application has been submitted for review.

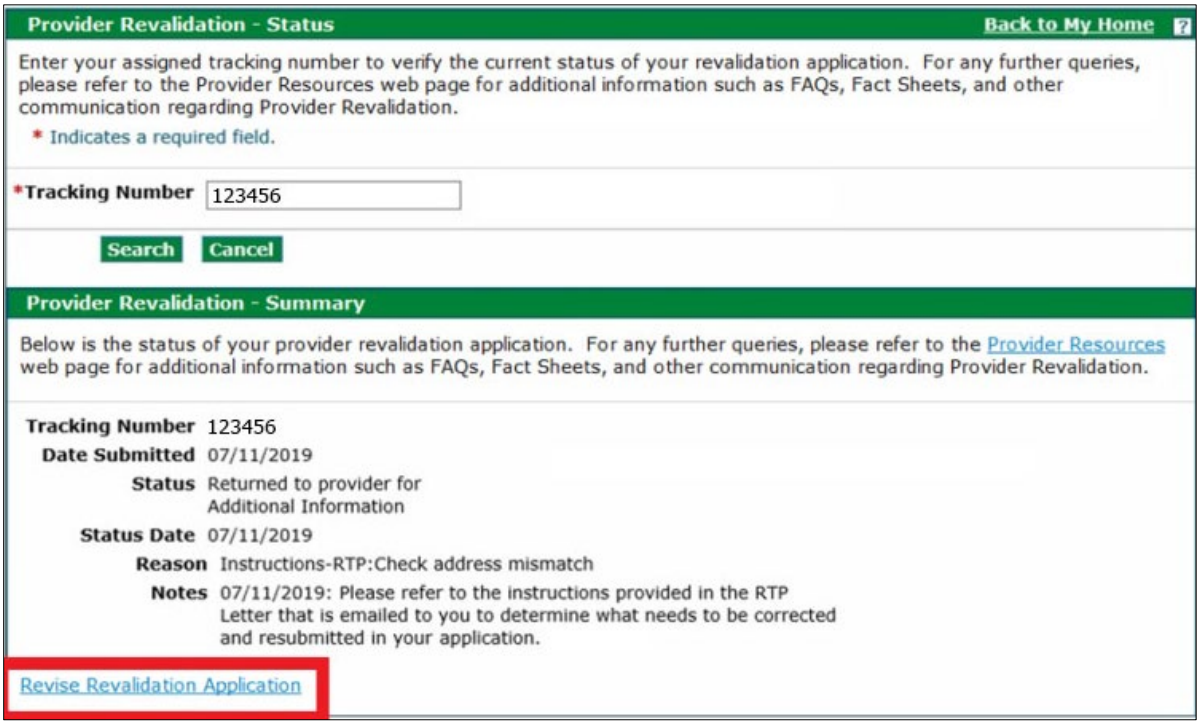


Even if notes display here indicating the application needs to be RTP'd, the user ***cannot*** access the application to make corrections until the status reads one of the following:

- Returned to Provider for Additional Information
- Returned to Provider for Additional Authorization(s)
- Returned to Provider for Missing Documentation

A notification email is sent to the contact email address from the application to notify of the status once the revalidation application is returned.

Click the **Revalidation** link, then click the **Revise Revalidation Application** link if the status indicates corrections are needed. This link displays only when the application is returned for corrections.



Site Visits

Site visits are required for providers designated as “moderate” or “high” categorical risks, per federal requirement 42 CFR 455.432.

The purpose is to verify that the information submitted to the Department by a provider is accurate and to determine compliance with federal and state enrollment requirements. The user is contacted for the required site visit if the provider type falls into one of these risk categories. A representative will visit the service location to verify certain aspects of the revalidation. Providers that refuse a site visit may be excluded from participation.

Refer to the risk levels on the Provider Type Information for Revalidation web page for further information about risk categories by provider type.

Provider Revalidation Notifications

The provider receives several email notifications during the revalidation process which are sent to the contact email address entered in the **Contact Information** section of the revalidation application.

Fiscal agent reviewers may also use this information to contact the provider directly with questions about the revalidation application.

- An email notification is sent during the revalidation review process to the email address entered in the contact information if additional information and/or missing documentation is needed. The applicant is then able to return to the revalidation application by logging in to the Provider Web Portal and clicking the **Revalidation** link. The fiscal agent is notified once this is complete and will continue processing.
- An email notification is sent to the address entered in the contact information advising the applicant of the outcome once the application is reviewed.
    - The user is advised if the revalidation application is approved.

Revision Log

Revision Date	Section/Action	Pages	Made by
08/12/2020	Provider Revalidation Manual Created	-	DXC
10/01/2020	Changed DXC references to fiscal agent	50, 51, 54	Gainwell Technologies (formerly DXC)
10/2/2020	Updated graphic	8	HCPF
1/31/2022	Updated graphic with fee	8	Gainwell Technologies
3/10/2022	Updated for Provider Identification Panel update	14-17	Gainwell Technologies
9/26/22	Updated screenshots	14-16, 23-36	Gainwell Technologies
01/31/2023	Updated two graphics for 2023 application fee	39 - 40	Gainwell Technologies
02/16/2023	Updated browser name Updated verbiage and three graphics for Provider Identification, Agreement, Summary panels Updated graphic for Disclosures panel	2 12, 41-42, 46-47 45	Gainwell Technologies
04/05/2023	Updated button verbiage and graphic (Completing the Revalidation Application) Updated Provider Web Portal link Added Tracking Information section Updated Cancel button verbiage Updated Provider Enrollment Portal link	5-6 6 10 47 53	Gainwell Technologies
06/15/2023	Updated graphic panels: Provider Identification Agreement Terms of Agreement	 13 42, 43 48	Gainwell Technologies

Revision Date	Section/Action	Pages	Made by
08/10/2023	Added graphic for Certification panel (Provider Identification Panel) 3rd bullet, verbiage added for Certification record 2nd bullet, removed (Other Information Panel), 2nd paragraph removed certification information verbiage Added graphic for Provider Revalidation: Summary (Summary Panel	16 17 24 46, 47	Gainwell Technologies
08/24/2023	Updated screenshots Added Department of Regulatory Agencies (DORA) license information	14-16 17	Gainwell Technologies
12/14/2023	Updated screen shots/information for Language and Address panels Updated screen shots to make application fee amounts generic	19, 39-41 44	Gainwell Technologies
02/23/2024	Updated screen shots/language	19	Gainwell Technologies
04/18/2024	Updated screen shots/language Added Financial Hardship information	26-30 47	Gainwell Technologies
07/25/2024	Removed filing a grievance information Updated taxonomies in Request Information Panel section	52-56 8-9	Gainwell Technologies
8/6/2024	Left-aligned all text and images for accessibility purposes	All	Gainwell Technologies
9/19/2024	Added information on Substance Use Disorder Bed Count Panel	20-22	Gainwell Technologies
10/31/2024	Updated for Doing Business As Name for SCR 48861	12, 15-16	Gainwell Technologies