

MEDICAID COLORADO (77016) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- **New EDI Submitter:** [Provider EDI Enrollment Application](#)
 - Entire form needs to be completed and mailed back.
 - EFT enrollment is required in order to receive ERAs.
 - If you are not set up for EFT payments, you need to complete the [EFT Enrollment Form](#)
 - Attach current W-9 to the completed form
 - The EFT enrollment form can be faxed to (303) 534-0439 or mailed to:
Xerox State Healthcare, Provider Enrollment
P O Box 1100
Denver, CO 80201-1100
 - Allow 30 days for processing EFT requests
 - After 30 days, check with the bank to verify that EFT has been set up.
 - Paper checks will be sent until the EFT has been established.
- **Existing EDI Submitter:** [Provider EDI Update Form](#)
 - In Section 4, check box X12N 835 (claim payment/claim report) if you want Office Ally to receive your 835s.

WHERE SHOULD I SEND THE FORM(S)?

- Mail Provider EDI Enrollment Form to:
Colorado Medical Assistance Program
Program Provider Services
PO Box 1100
Denver, CO 80201-1100

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 5-7 business days.

HOW DO I CHECK STATUS?

- Call (800) 237-0757 and ask if you have been linked to Office Ally's Submitter ID 136229.
- Once enrollment has been approved, to complete your enrollment follow instructions on the "Note to My Clients Plus users" page and ~~FAX~~ info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012