

# MEDICAID COLORADO (77016) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Enrollment is completed online at <https://Colorado-hcp-portal.xco.dcs-usps.com/hcp/provider/Home>
  - Log into your Colorado Medicaid provider portal account.
  - Click “Manage Accounts”
  - Select “Link Registered Trading Partner ID for X12 Reports”.
  - Enter **5285916** in the “Trading Partner ID” box and press “Validate Trading Partner”.
  - Select the transactions that will be conducted by Office Ally on your behalf.
    - 5010 – 837P – Batch – X12 – Health Care Claim: Professional
    - 5010 – 837I – Batch – X12 – Health Care Claim: Institutional (select if submitting UB04)
    - 5010 – 835 – Batch – X12 – Health Care Claim Payment/Advice
    - 5010 – 277CA – Batch – X12 – Health Care Claim Acknowledgement

**Note:** The above process is for providers already approved through Colorado Interchange. For additional information visit: <https://www.colorado.gov/hcpf/provider-enrollment>

## HOW DO I CHECK STATUS?

- Once you have completed the instructions above, you will be linked to Office Ally’s Trading partner ID.
- Once you receive confirmation that you’ve been linked to Office Ally, 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 EDISS or Noridian Pre-Enrollments Please Also Include:  
Providers Submitter Number**

**REVISED 9/29/16**