

CLINICAL STAFF ADD FORM

Please complete this form to add a provider from your practice or organization. To submit this form, download it to your computer, complete and save, and either use the **“Submit”** button below or attach it to an **email to:** ProviderRelations@coaccess.com. You may also **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Relations, PO Box 17580, Denver, CO 80217-0580.

Legal contract name:		Contact name:	
DBA clinic name (if applicable):		Contact email:	
Tax ID number:	Group/Organization NPI:	Phone:	
Effective date:	Provider Medicaid ID:	Individual NPI #:	
Last Name:	First Name:	MI:	Degree:
Date of birth:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	CO License #:	CAQH #:
Practicing specialty:			
Is provider practicing ONLY in an inpatient/hospitalist or locum tenens capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Professional liability insurance requirements: \$1,000,000 each occurrence, \$3,000,000 aggregate. If possible, please attach a current face sheet to include the provider’s name and the required liability amounts.			
Please select the line of business this provider accepts (<i>check all that apply</i>):			
<input type="checkbox"/> Behavioral Health <input type="checkbox"/> CHP+ offered by Colorado Access <input type="checkbox"/> CHP+ State Managed Care Network			
<input type="checkbox"/> Open Panel (<i>accepting new patients</i>) <input type="checkbox"/> Closed Panel (<i>accepting existing patients only</i>)			
Primary service location name:	Address:	Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip:			
Service location phone:		Practice Site Medicaid ID:	
Remit address:		City, State, Zip:	
Mailing address (if different from above):		City, State, Zip:	
Does the provider practice at multiple locations for this TIN? If yes, please include clinics on the CAQH application.			
Is the provider’s Medicaid provider enrollment application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach letter)			
Behavioral health providers need to complete the attached Behavioral Health Specialty form.			

Note: Submission of this form is to initiate the process for adding a provider and there may be additional steps required for approval to provide services to members. Please contact your provider relations representative for the provider’s effective date.

Contact information for Colorado Access provider relations representatives can be found on the website at coaccess.com/providers/resources. If you have questions about this form, email ProviderRelations@coaccess.com or call your provider relations representative.



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Behavioral Health Specialty

Please indicate which specialty population you work with below:

- Children (12 and younger) Foster care Adolescents (13 to 18) Seniors (65 and older)

Please check up to five of your top specialty(s) below:

- | | | |
|-------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> End of life | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Psychosomatic illness |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Family therapy | <input type="checkbox"/> Queer/Questioning |
| <input type="checkbox"/> Animal-assisted | <input type="checkbox"/> Gender identity | <input type="checkbox"/> Reactive attachment disorder |
| <input type="checkbox"/> Anxiety/panic | <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Impulse control | <input type="checkbox"/> Relinquishment counseling |
| <input type="checkbox"/> Autism spectrum disorders | <input type="checkbox"/> Intellectual disabilities | <input type="checkbox"/> Reproductive issues |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Intimacy issues | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Brain injury (TBI) | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Self-harm/self-injury |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Life transitions | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Children of alcoholics | <input type="checkbox"/> Medication management | <input type="checkbox"/> Sexual issues |
| <input type="checkbox"/> Chronic pain or illness | <input type="checkbox"/> Men's issues | <input type="checkbox"/> Sleep/insomnia |
| <input type="checkbox"/> Compulsive behaviors | <input type="checkbox"/> Mood disorders | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Criminal justice involvement | <input type="checkbox"/> Neuropsychiatry | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Cultural issues | <input type="checkbox"/> Obesity | <input type="checkbox"/> Substance use disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive compulsive disorder | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Developmental disorders | <input type="checkbox"/> Parenting issues | <input type="checkbox"/> Transgender issues |
| <input type="checkbox"/> Dissociative disorders | <input type="checkbox"/> Personality disorders | <input type="checkbox"/> Trauma/PTSD |
| <input type="checkbox"/> Divorce/custody | <input type="checkbox"/> Phobias | <input type="checkbox"/> Violent offenders |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Postpartem | <input type="checkbox"/> Women's issues |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Psychological testing/assessment | |