

## CLINICAL STAFF UPDATE FORM

Please complete this form to add or remove 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](mailto: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:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Effective date:	Individual NPI #:	
Last Name:	First Name:	MI:	Title:
Date of birth:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Practicing specialty:	CAQH #:
CO License #:	Is provider practicing ONLY in an inpatient/hospitalist or Locum Tenens capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Behavioral Health providers need to complete the attached Behavioral Health Specialty form</b>			
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> )			
Service location name:	Address:	City:	State: Zip:
Service location phone:	Fax:		
Remit address:	City:	State:	Zip:
Provider Medicaid ID:	Practice Medicaid ID:		
<b>Medicaid provider enrollment application approved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Form completed by

Date

**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](http://coaccess.com/providers/resources). If you have questions about this form, email [ProviderRelations@coaccess.com](mailto:ProviderRelations@coaccess.com) or call your provider relations representative.

**SUBMIT**

# CLINICAL STAFF UPDATE FORM

---

## Behavioral Health Specialty

Please indicate which specialty populations you work with below:

- Children (12 and younger)    Foster care    Adolescents (13 to 18)    Adults (19 to 64)    Seniors (65 and over)

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"/> Postpartum                       | <input type="checkbox"/> Women's issues               |
| <input type="checkbox"/> Eating disorders             | <input type="checkbox"/> Psychological testing/assessment |   |