

## 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:** [ProviderNetworkServices@coaccess.com](mailto:ProviderNetworkServices@coaccess.com). You may also **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Network Services, 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](http://coaccess.com/providers/resources). If you have questions about this form, email [ProviderNetworkServices@coaccess.com](mailto:ProviderNetworkServices@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)     Adolescents (13 to 18)     Adults (19 to 64)     Seniors (65 and older)  
 Foster care

### Treatment modalities:

- |   |  |
|---|--|
| <input type="checkbox"/> Aggression replacement therapy                               | <input type="checkbox"/> Exposure and response prevention                        |
| <input type="checkbox"/> Animal-assisted  | <input type="checkbox"/> Habit reversal therapy                                  |
| <input type="checkbox"/> Art therapy  | <input type="checkbox"/> Multisystemic therapy (MST)                             |
| <input type="checkbox"/> Attachment-based therapy                                     | <input type="checkbox"/> Psychological testing and evaluation                    |
| <input type="checkbox"/> Biofeedback  | <input type="checkbox"/> Play therapy  |
| <input type="checkbox"/> Cognitive behavioral therapy                                 | <input type="checkbox"/> Sex offender management board (SOMB Treatment Provider) |
| <input type="checkbox"/> Dialectical behavior therapy                                 | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Eye movement desensitization and reprocessing therapy (EMDR) |  |

### Please check only the top ten specialty(s) of your practice below:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adoption                        | <input type="checkbox"/> Elder abuse  | <input type="checkbox"/> Post-traumatic stress     |
| <input type="checkbox"/> AIDS/HIV                        | <input type="checkbox"/> End-of-life  | <input type="checkbox"/> Psychological illness     |
| <input type="checkbox"/> Alzheimer's/dementia            | <input type="checkbox"/> Family therapy   | <input type="checkbox"/> Psychosis                 |
| <input type="checkbox"/> Anxiety/panic                   | <input type="checkbox"/> Gender identity counseling   | <input type="checkbox"/> Psychosomatic illness     |
| <input type="checkbox"/> ADD/ADHD                        | <input type="checkbox"/> Grief and Loss   | <input type="checkbox"/> Queer/questioning         |
| <input type="checkbox"/> Autism spectrum disorders       | <input type="checkbox"/> Impulse control  | <input type="checkbox"/> Relationship issues       |
| <input type="checkbox"/> Bipolar disorder                | <input type="checkbox"/> Intellectual disabilities  | <input type="checkbox"/> Relinquishment counseling |
| <input type="checkbox"/> Borderline personality disorder | <input type="checkbox"/> Intimacy issues  | <input type="checkbox"/> Reproductive              |
| <input type="checkbox"/> Brain injury (TBI)              | <input type="checkbox"/> LGBTQ counseling   | <input type="checkbox"/> Schizophrenia             |
| <input type="checkbox"/> Child abuse                     | <input type="checkbox"/> Learning disabilities  | <input type="checkbox"/> Self-harm/self-injury     |
| <input type="checkbox"/> Children of alcoholics          | <input type="checkbox"/> Life transitions   | <input type="checkbox"/> Sexual harassment         |
| <input type="checkbox"/> Chronic pain or illness         | <input type="checkbox"/> Men's issues   | <input type="checkbox"/> Sexual issues             |
| <input type="checkbox"/> Compulsive behaviors            | <input type="checkbox"/> Mental health certifications designated by the Office of Behavioral Health (OBH) | <input type="checkbox"/> Sexual offenders          |
| <input type="checkbox"/> Conduct disorder                | <input type="checkbox"/> Mood disorders   | <input type="checkbox"/> Sleep/insomnia            |
| <input type="checkbox"/> Criminal justice                | <input type="checkbox"/> Neuropsychiatry  | <input type="checkbox"/> Spiritual concerns        |
| <input type="checkbox"/> Cultural issues                 | <input type="checkbox"/> Neuropsychology  | <input type="checkbox"/> Stress management         |
| <input type="checkbox"/> Depression                      | <input type="checkbox"/> Obesity  | <input type="checkbox"/> Substance use disorder    |
| <input type="checkbox"/> Developmental disorders         | <input type="checkbox"/> Obsessive compulsive disorder  | <input type="checkbox"/> Trauma                    |
| <input type="checkbox"/> Disruptive behavior disorder    | <input type="checkbox"/> Parenting issues   | <input type="checkbox"/> Violent offenders         |
| <input type="checkbox"/> Dissociative disorders          | <input type="checkbox"/> Personality disorders  | <input type="checkbox"/> Women's issues            |
| <input type="checkbox"/> Divorce/custody                 | <input type="checkbox"/> Phobias  | <input type="checkbox"/> Other:                    |
| <input type="checkbox"/> Domestic violence               | <input type="checkbox"/> Postpartum   |  |
| <input type="checkbox"/> Eating disorders                |   |  |