Using Clinical Update Forms

colorado access

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Using Clinical Update Forms

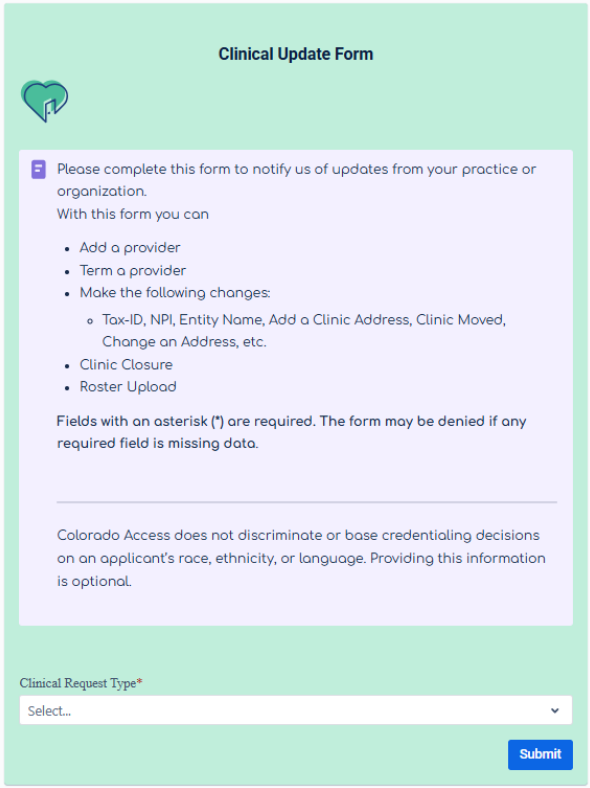
Definitions:
Colorado Access (COA)
Credentialing required - Practitioners providing outpatient services
Employer Identification Number (EIN)
National Provider ID (NPI)
National Plan & Provider Enumeration System (NPPES)
Tax Identification Number (TIN)

Procedures:

Table of Contents

1. High-Level Overview

The new practitioner, clinic, and facility update forms are online here.



Click the drop-down arrow for the **"Clinical Request Type"** to select what the request is for.

These forms are for all entities that are **contracted with us.** If you are not contracted and would like to be, please email provider.contracting@coaccess.com. If you submit a form and are not a contracted entity, we will not be able to process your request.

Please ensure the office contact email address is accurately entered. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

Please ensure the NPI is validated with the state of Colorado. If the NPI is not validated, even though we have made the requested updates in our systems, the claims will be denied for non-validation.

Some data fields default to today's date, please ensure the date is accurate after going to the next field.

Some of these forms will be automatically loaded into our systems, so it's important that the information is accurately entered. **If there are data mismatches** between NPI and name, the **data will not load** and may be rejected.

When data is submitted accurately, you will experience a faster turnaround time on your request.
All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

Please note, although the reference number shows the submission is completed, it does not mean that that credentialing has also been completed. If credentialing is required, a separate notification will be sent once credentialing is completed.

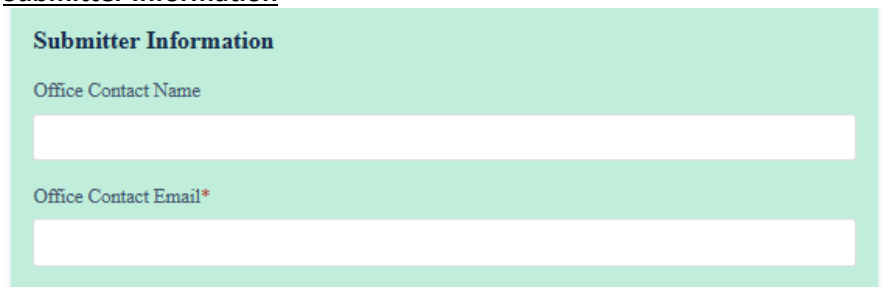
Colorado Access does not discriminate, or base credentialing decisions, on an applicant's race, ethnicity, or language. Providing this information is optional.

2. Clinical Staff Add Physical Health

The “Clinical Staff Add Physical Health” form is used to add individual practitioners to already contracted entities.

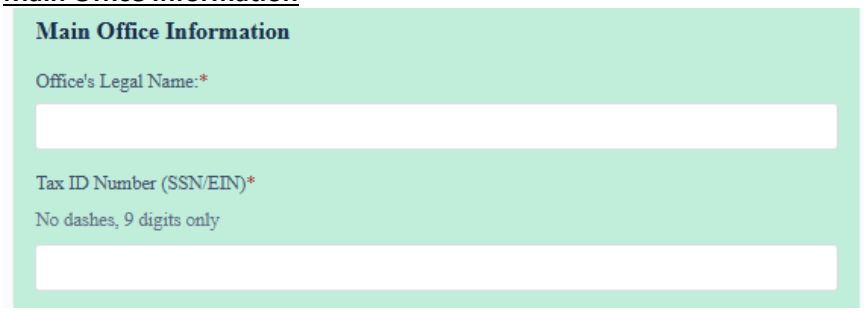
All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information



It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

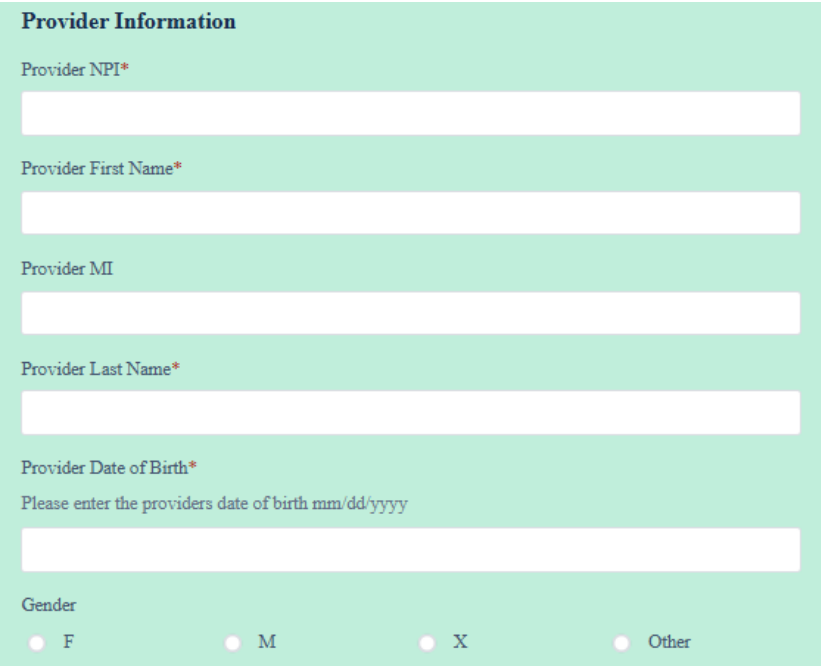
Main Office Information



Enter the main office legal name for this practitioner.

The tax ID entered should match the W-9 information used in the billing loop.

Provider Information



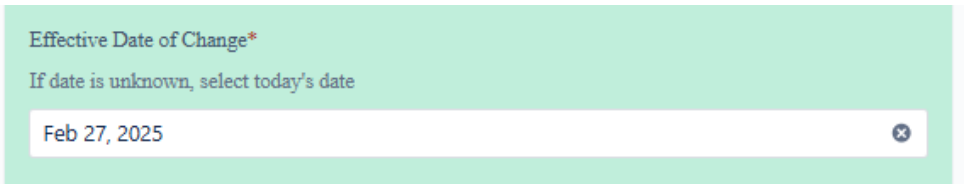
The provider information section collects the data for the individual practitioner that will be loaded into our systems.

The provider NPI that is entered must match the submitted provider name. If the NPI and name do not match according to the state validation report and/or NPPES, the request will be denied, and you will need to resubmit your request with the correct information.

Please also ensure the NPI is validated with the state of Colorado. If the NPI is not validated, even though we have made the requested updates in our systems, the claims will be denied for non-validation, and if required, credentialing will not be started.

Select “Degree/Suffix” from the drop-down menu.

If there is a CAQH number, please include that information. This will be used if credentialing is required. Please also indicate the practicing specialty, although this is not required.



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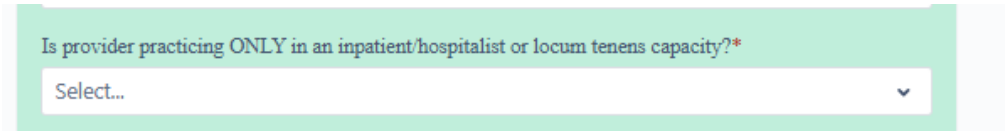
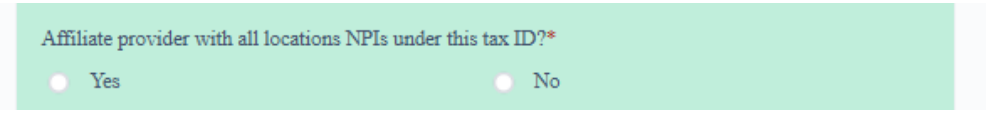


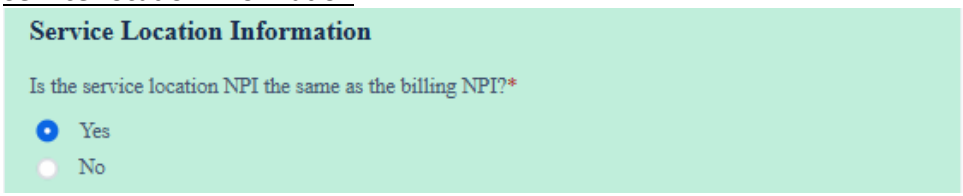
Use the drop-down menu to indicate if the individual practitioner is practicing ONLY in an inpatient/hospitalist or locum tenens capacity.



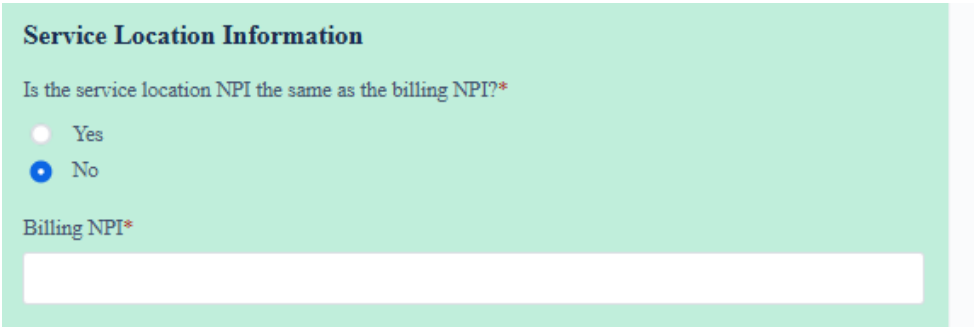
If this individual practitioner **should be** affiliated will **ALL** locations under this tax ID, select yes. You will not need to submit multiple forms for each location. **Please note**, if there are 20 or more locations, we will contact you to confirm all locations before adding them to our systems.

If this individual practitioner has multiple locations, but **should not** be affiliated with all locations under this tax ID, select no. If no is selected here, you will have the option to add up to six additional locations later in this form.

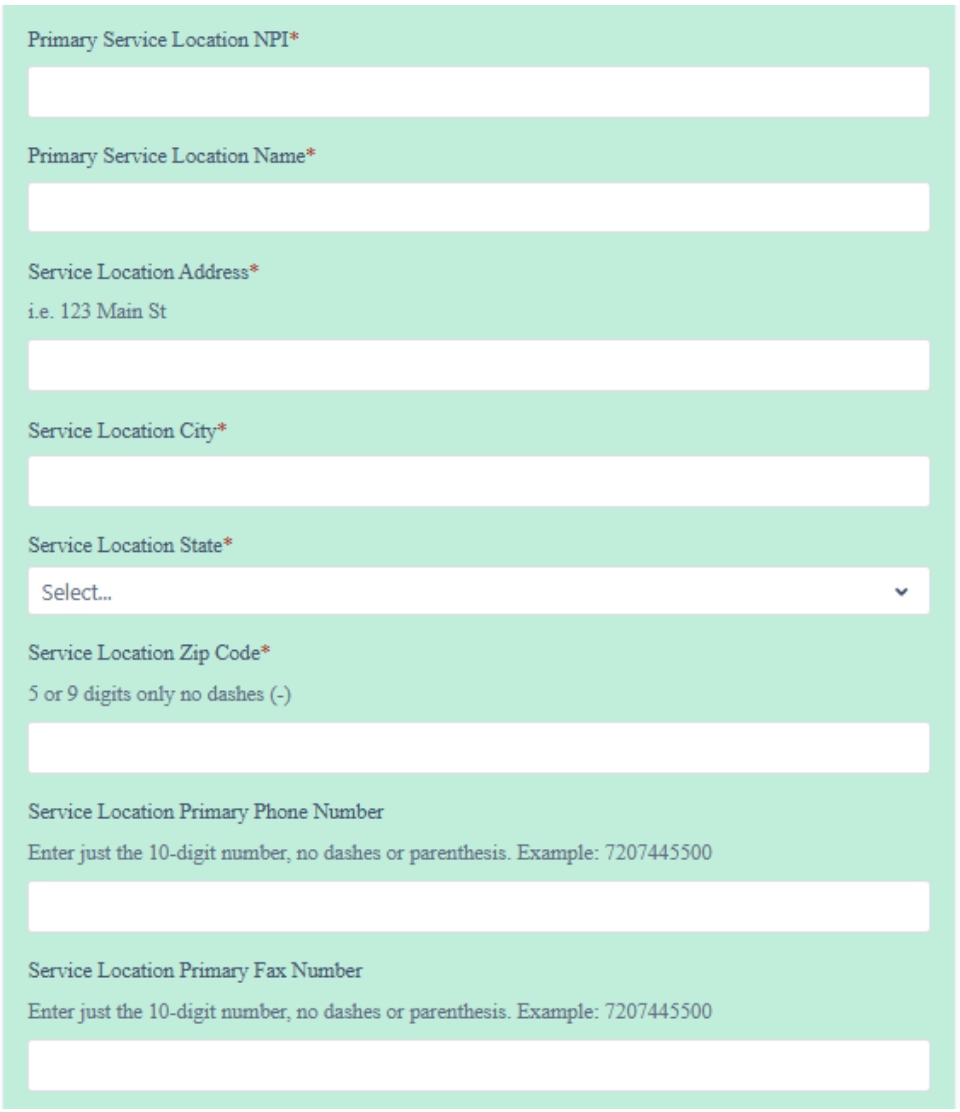
Service Location Information



If the service location NPI is the same as the billing NPI, select "Yes."

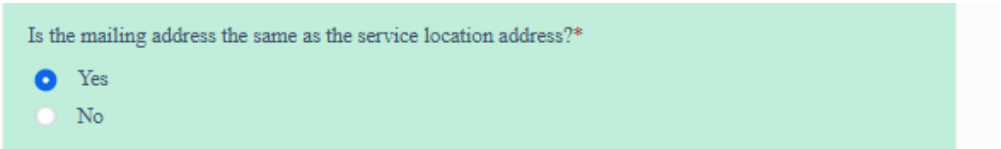


If the service location NPI is different from the billing NPI, select "No." A new field will appear to enter the billing NPI.

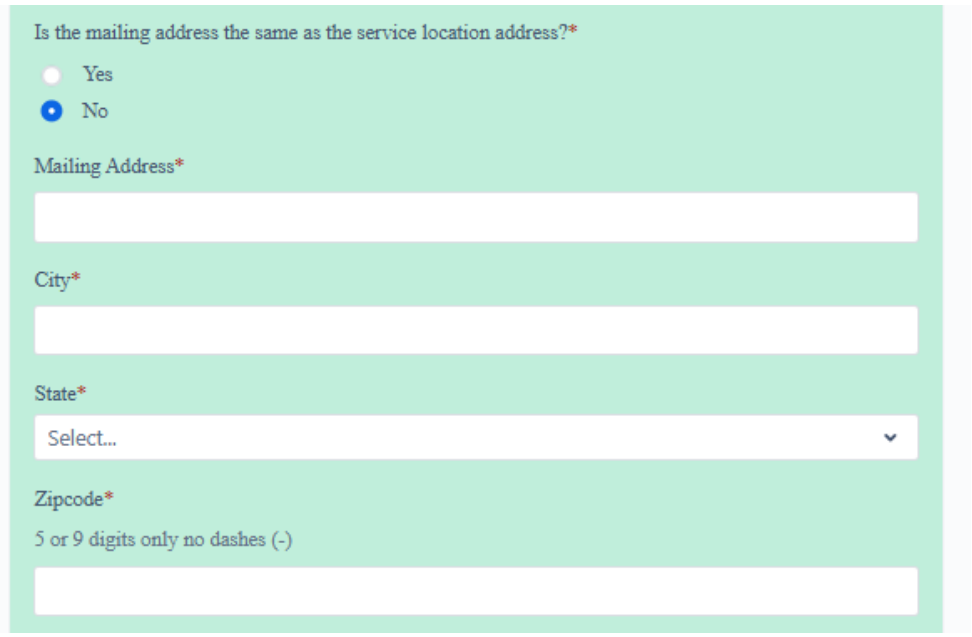


Please enter the NPI, name, address, and phone information for the primary service location for this individual practitioner.

Please ensure the service location NPI is validated with the state of Colorado. If the NPI is not validated, even though we have made the requested updates in our systems, the claims will be denied for non-validation.

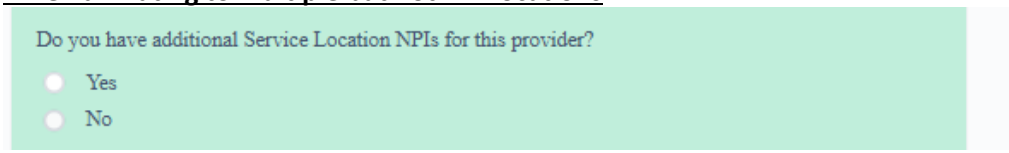


If the mailing address is the same as the service location address, select “Yes.”



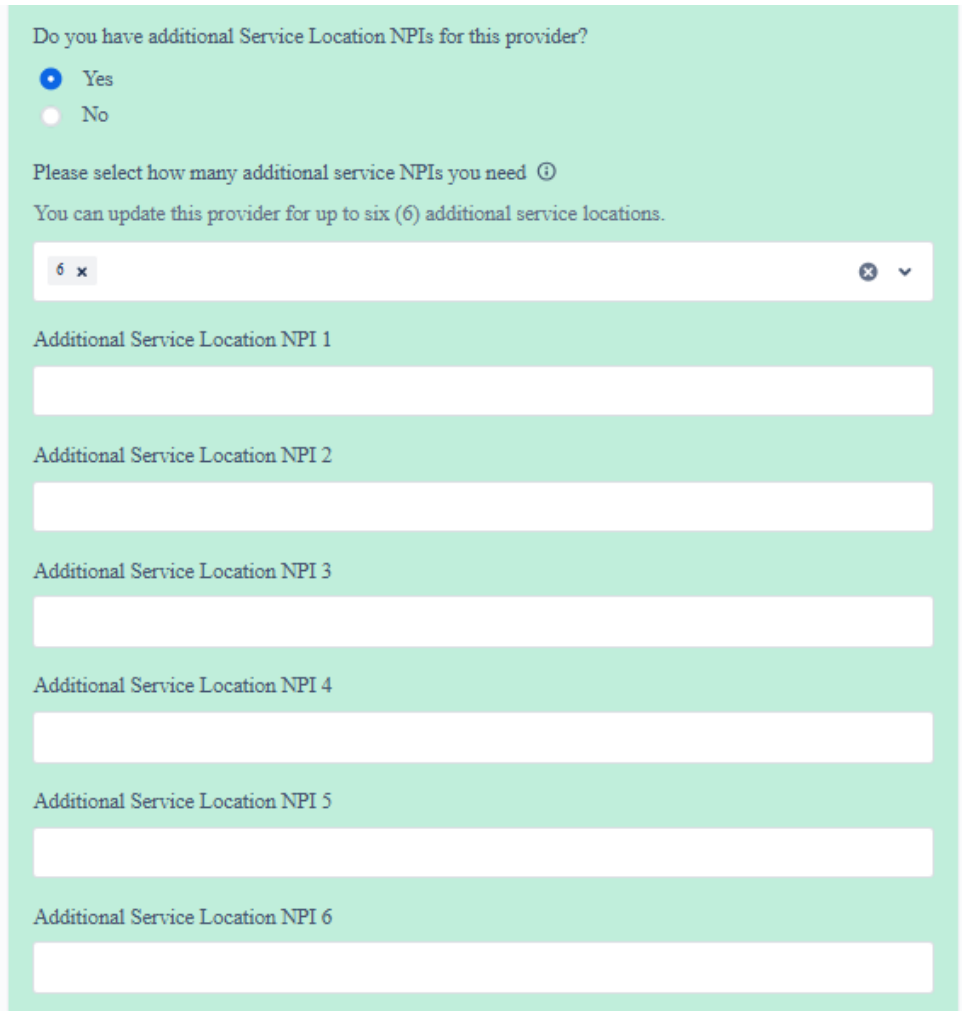
If the mailing address is different from the main service location address, select "No." New fields will appear to capture the mailing address information.

When affiliating to multiple but not ALL locations



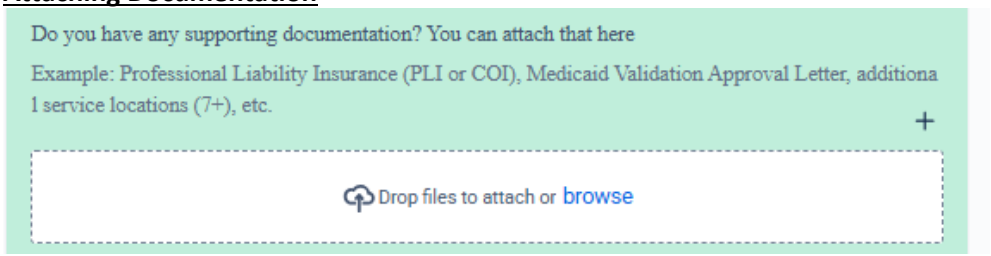
If "No" was selected to affiliated with all locations, this option will show.
If "Yes" was selected to affiliate with all locations, this will not be on the form, and you can skip to the attaching documentation section.

To only affiliate with the main service location listed, select "No."



If yes is selected, you will have an option to pick how many additional locations are needed. There is a maximum of six additional locations. Enter each location's specific NPI to affiliate this individual practitioner to.

Attaching Documentation



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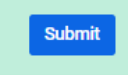
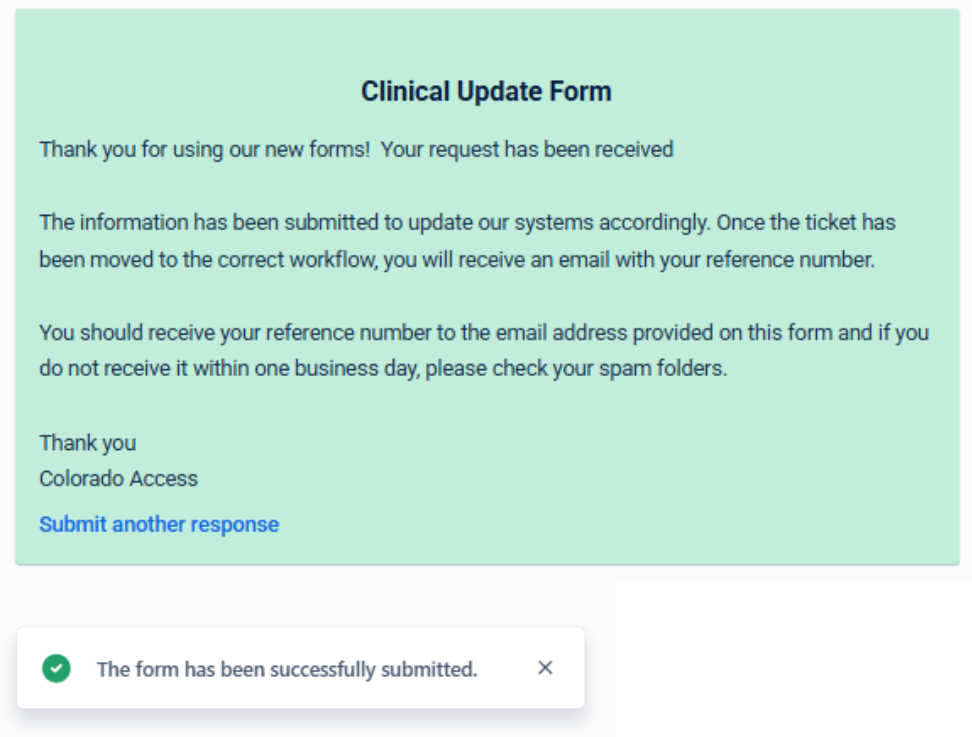


Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



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When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate. For example, if credentialing is required, the request will be shared with the credentialing team.

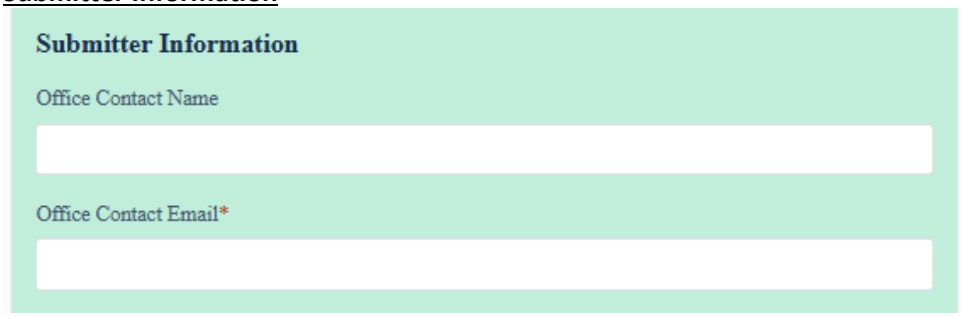
Please note, although the reference number shows the submission is completed, it does not mean that that credentialing has also been completed. If credentialing is required, a separate notification will be sent once credentialing is completed.

3. Clinical Staff Add Behavioral Health

The “Clinical Staff Add Behavioral Health” form is used to add individual practitioners to already contracted entities.

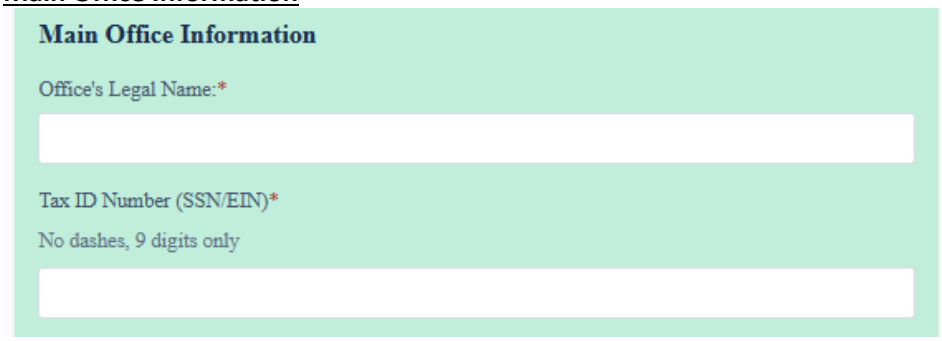
All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information



It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

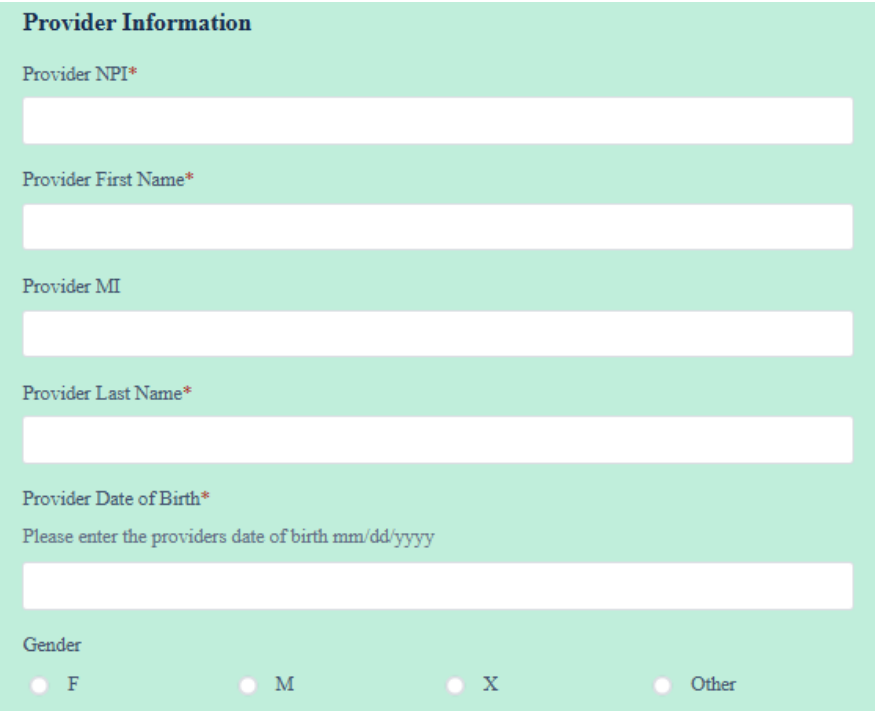
Main Office Information



Enter the main office legal name for this practitioner.

The tax ID entered should match the W-9 information used in the billing loop.

Provider Information



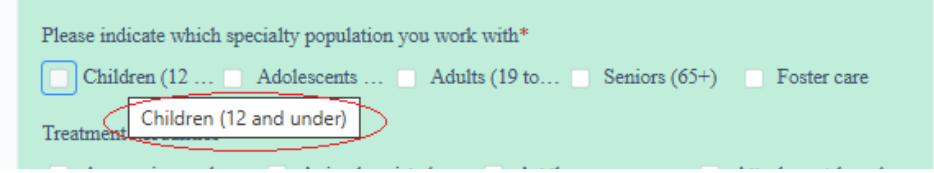
The provider information section collects the data for the individual practitioner that will be loaded into our systems.

The provider NPI that is entered must match the submitted provider name. If the NPI and name do not match according to the state validation report and/or NPPES, the request will be denied, and you will need to resubmit your request with the correct information.

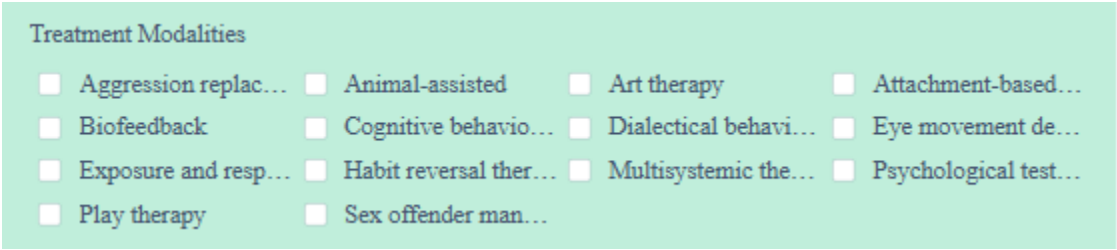
Please also ensure the NPI is validated with the state of Colorado. If the NPI is not validated, even though we have made the requested updates in our systems, the claims will be denied for non-validation, and if required, credentialing will not be started.

Select the “Degree/Suffix” from the drop-down menu.

If there is a CAQH number, please include that information. This will be used if credentialing is required. Please also indicate the practicing specialty, although not required.

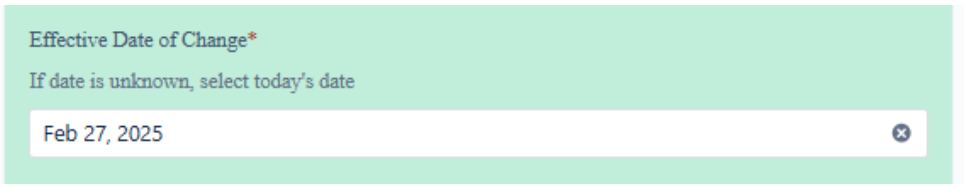


Check the box to the left of the specialty population(s) this practitioner works with. A minimum of one is required, but multiple or all can be selected. If the field data is cut off, you can hover over the field to see the full field, as shown above.



Check the box to the left of all the treatment modalities this practitioner works with.

Check the box to the left of the specialties this practitioner works with. A minimum of one is required, but up to 10 can be selected. Please do not select more than 10.



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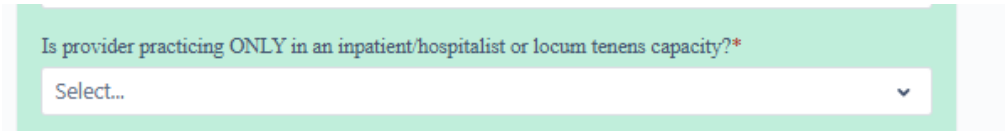

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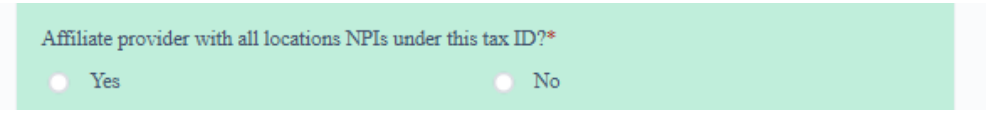

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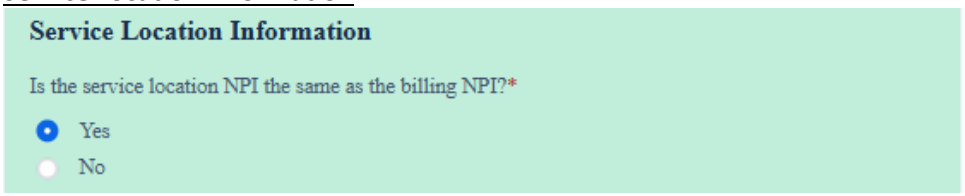
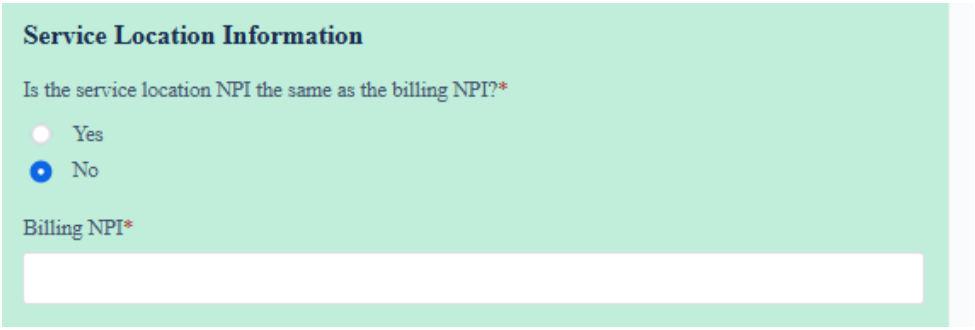
If this individual practitioner has multiple locations, but **should not** be affiliated with all locations under this tax ID, select no. If no is selected here, you will have the option to add up to six additional locations later in this form.

Service Location Information



If the service location NPI is the same as the billing NPI, select "Yes."



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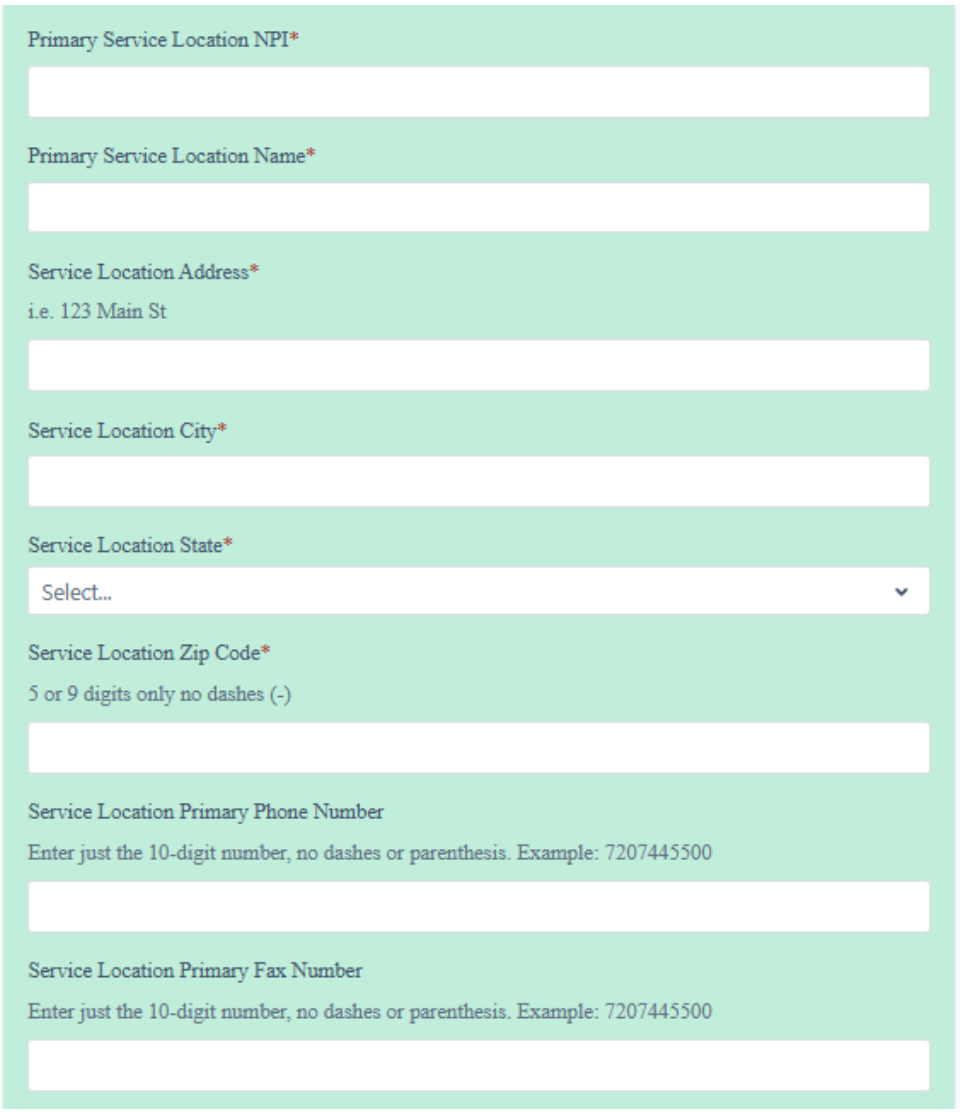

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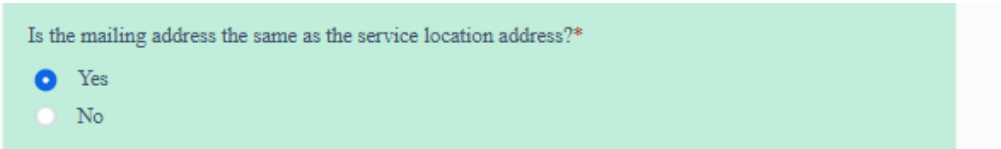

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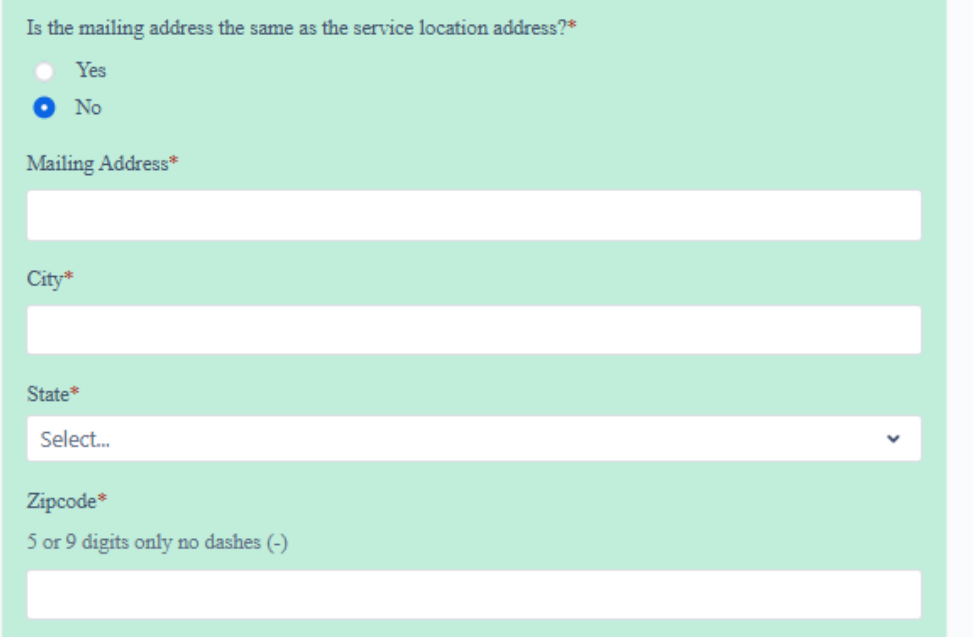

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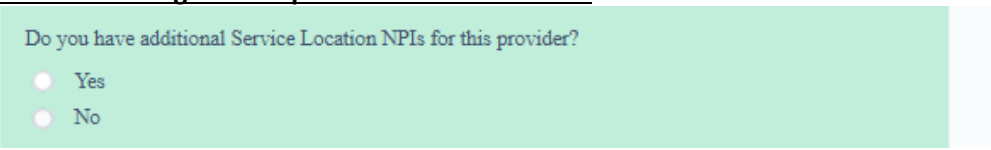

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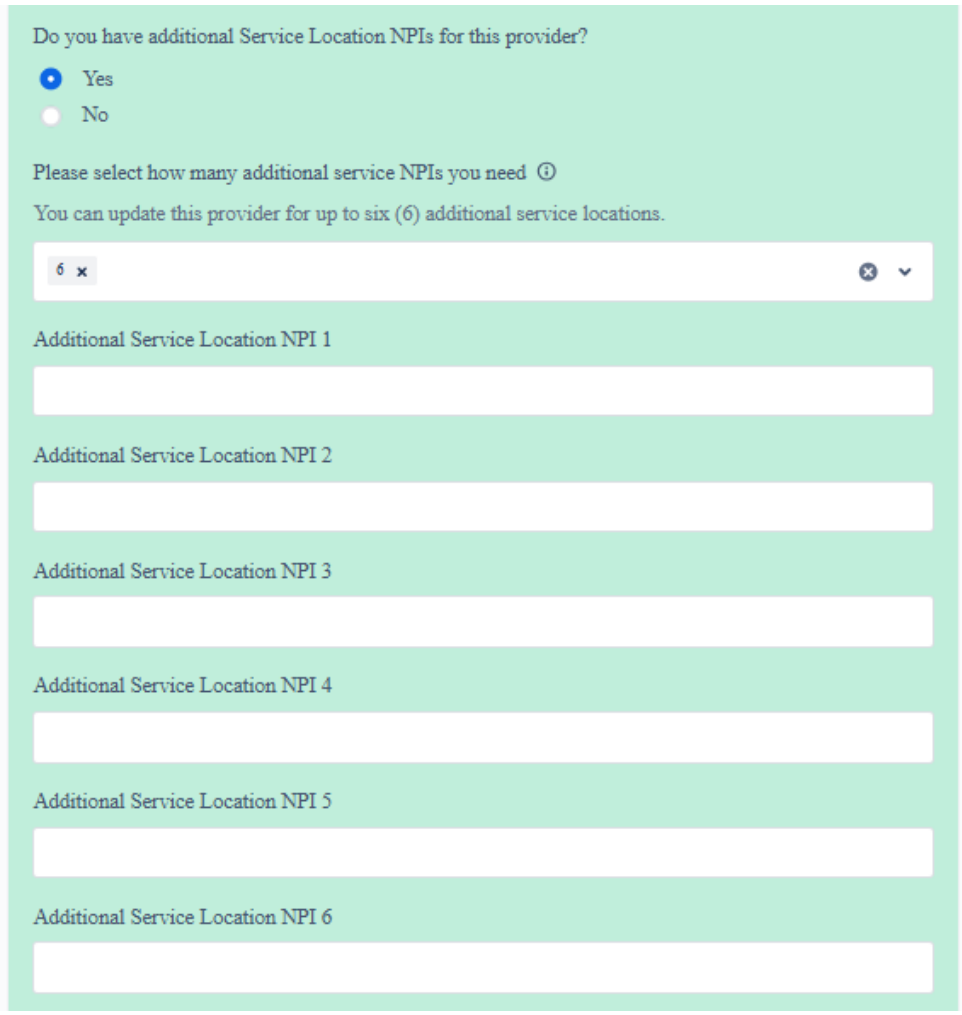

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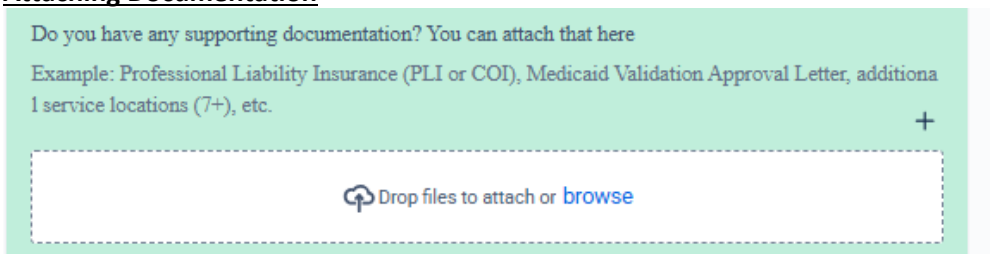

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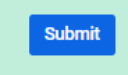

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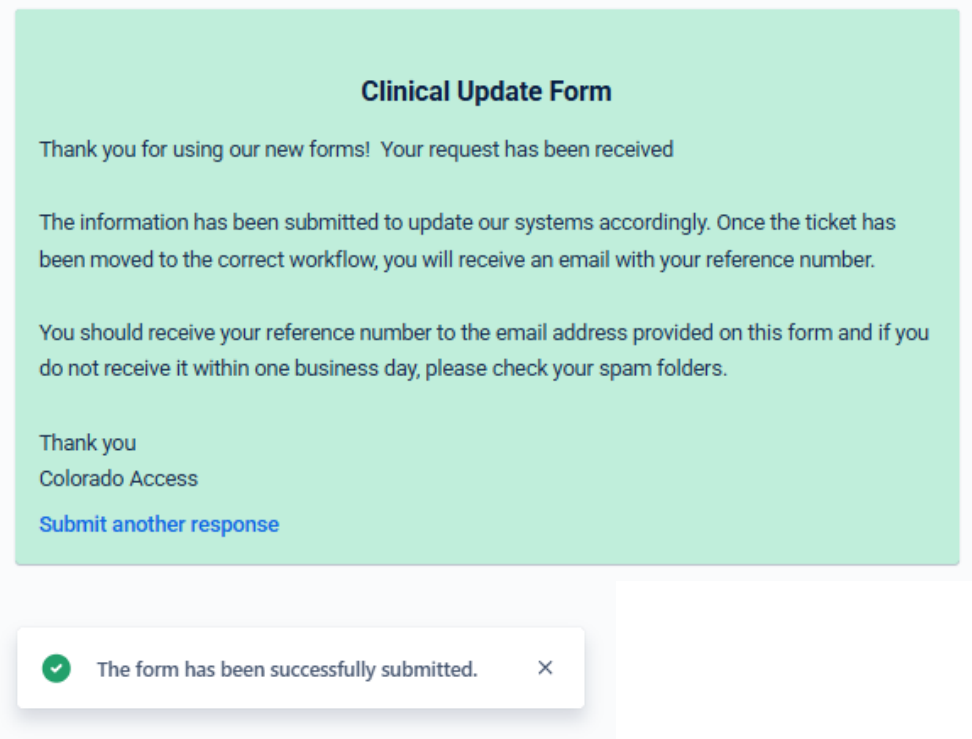

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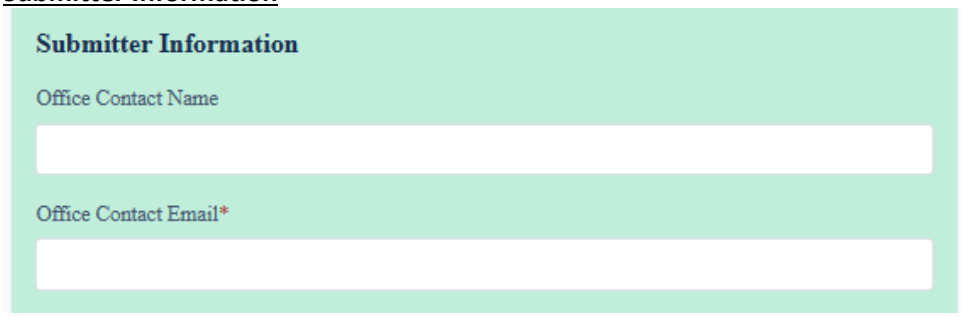
4. Clinical Staff Termination

The “Clinical Staff Termination” form is used to terminate individual practitioners from specific or all locations for contracted entities.

All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information



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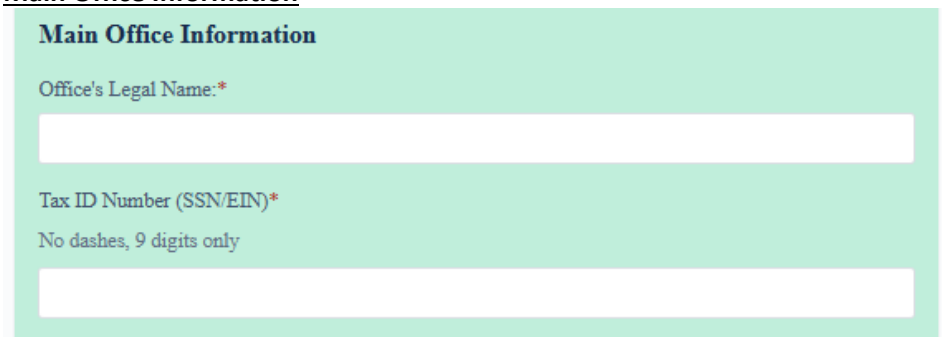
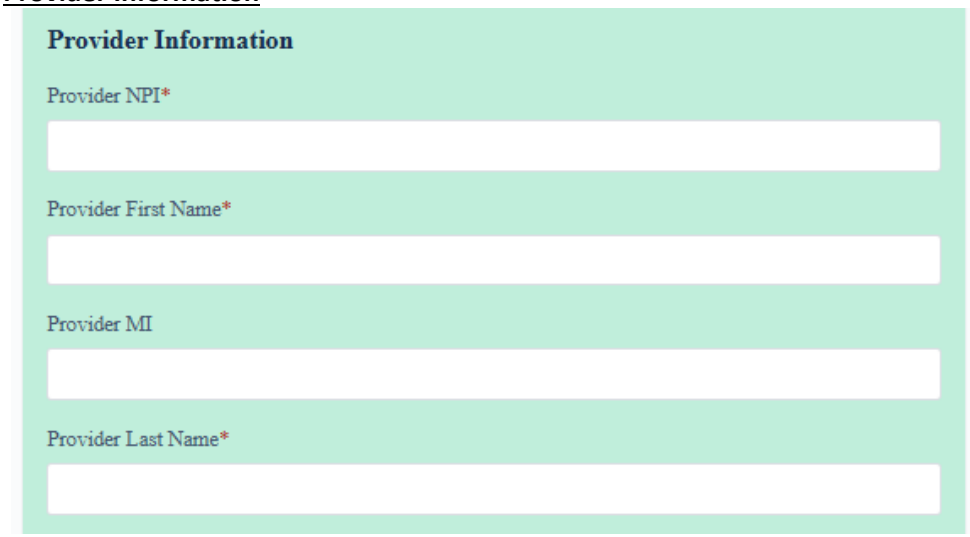


Enter the main office legal name for this practitioner.

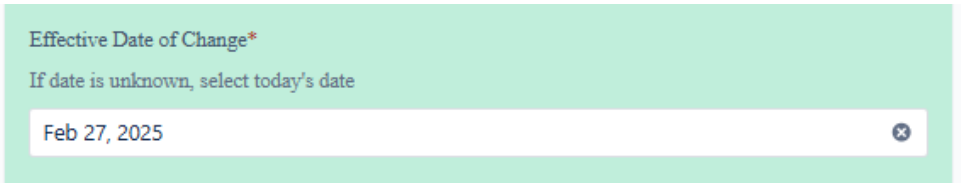
The tax ID entered should match the W-9 information used in the billing loop.

Provider Information



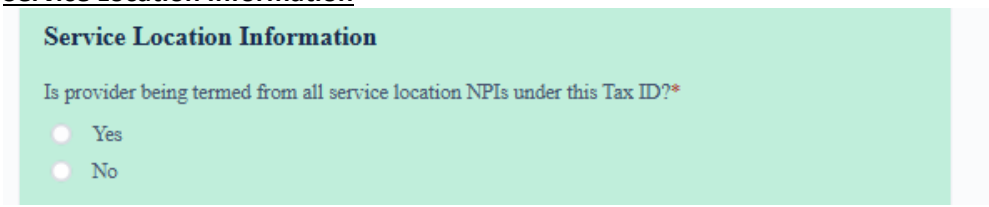
The provider information section collects the data for the individual practitioner that will be terminated.

The provider NPI that is entered must match the submitted provider name. If the NPI and name do not match according to the state validation report and/or NPPES, the request will be denied, and you will need to resubmit your request with the correct information.



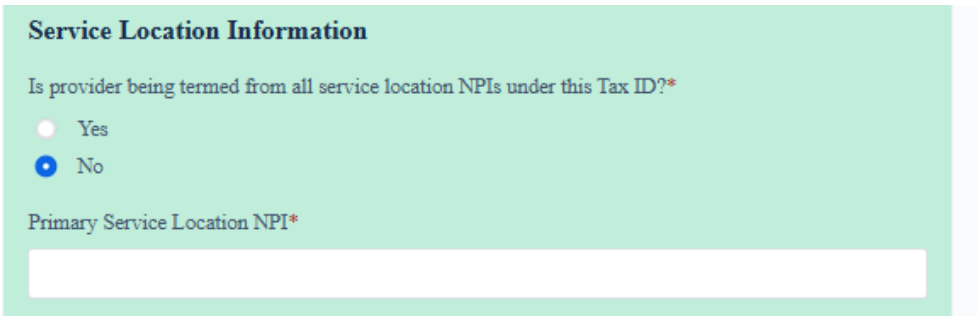
The effective date of change will default to today's date. Please update this date, if the effective date should be different than the date listed, and ensure the new date is saved when leaving that field.

Service Location Information

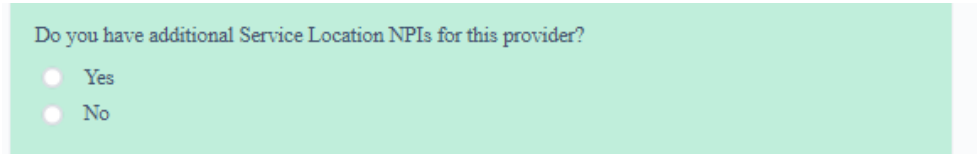


If this individual practitioner **should be** terminated from **ALL** locations under this tax ID, select "Yes." You will not need to submit multiple forms for each location.

If this individual practitioner has multiple locations, but **should not** be terminated with all locations under this tax ID, select "No." If "No" is selected here, you will have the option to add up to six additional locations.



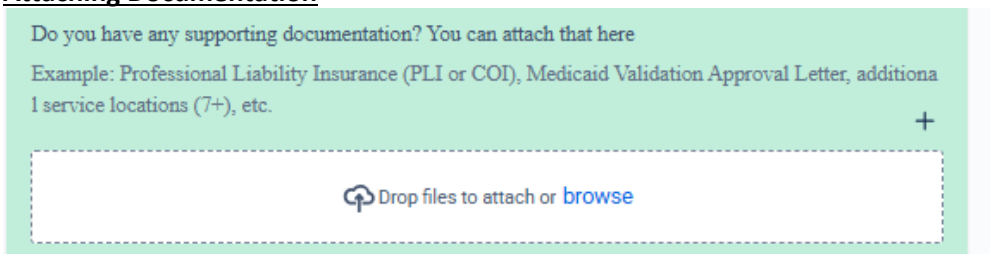
If no is selected, a field to capture the primary service location NPI will appear. Please enter the primary service location NPI for the terming practitioner.



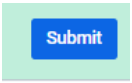
If the only location to terminate this provider from is the main location, select "No." Otherwise, select "Yes."

If "Yes" is selected for additional locations, an option will appear to add up to six additional locations. Please include the specific NPIs for each additional location this practitioner should be terminated from.

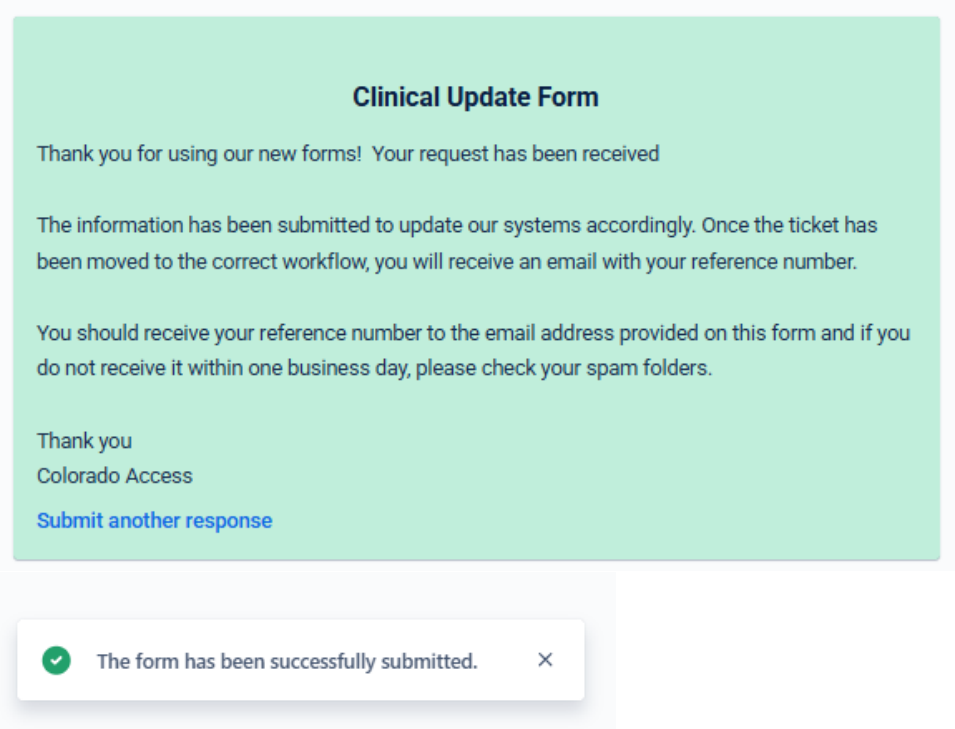
Attaching Documentation



Any supporting documentation can be attached here by either dragging and dropping the files to this box or by clicking browse to select the attachments.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

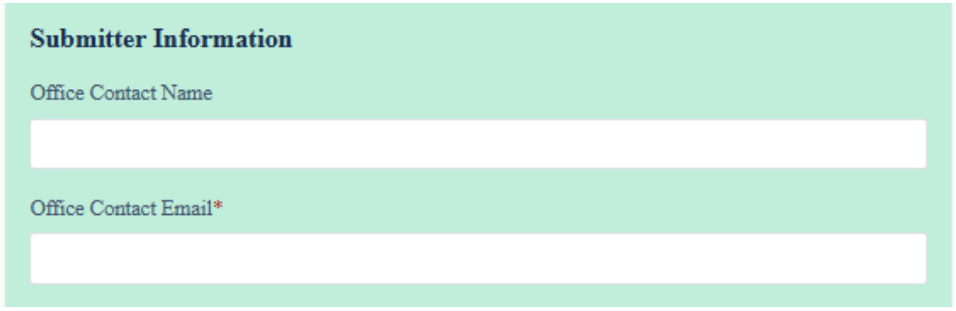
When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

5. Clinic Closure

The “Clinic Closure” form is used to terminate a specific location for contracted entities.

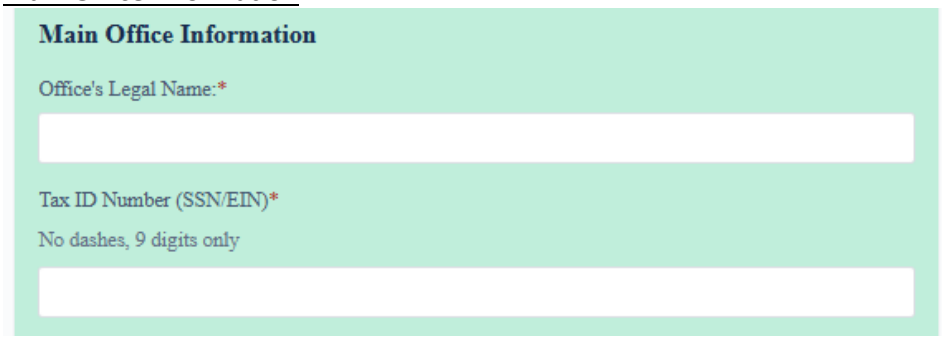
All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information



It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

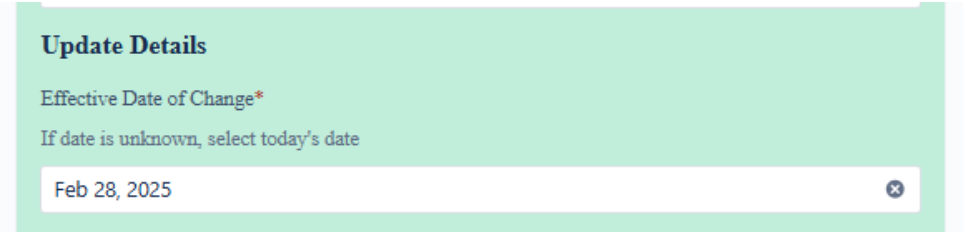
Main Office Information



Enter the main office legal name for this practice.

The tax ID entered should match the W-9 information used in the billing loop.

Update Details

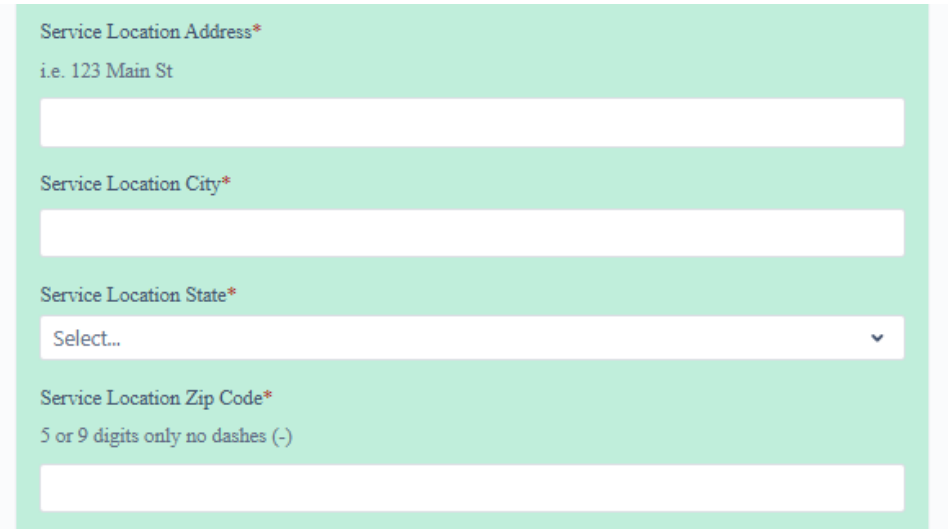


The effective date of change will default to today’s date. Please update this date if the effective date should be different than the date listed and ensure the new date is saved when leaving that field.

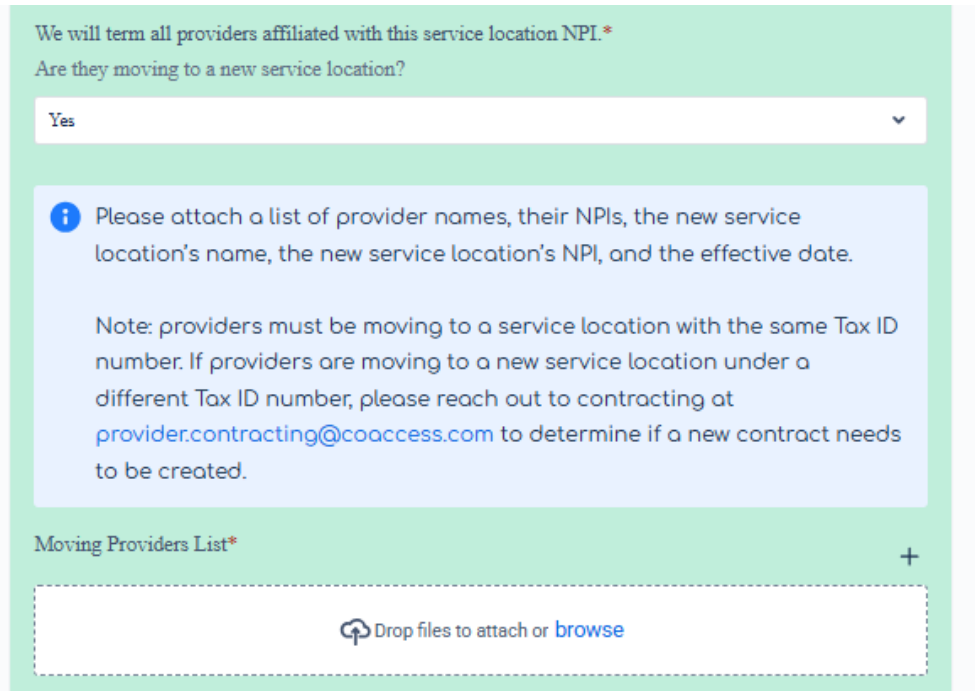
Service Location Information

Enter the unique NPI for the closing location.

Enter the name of the closing location.

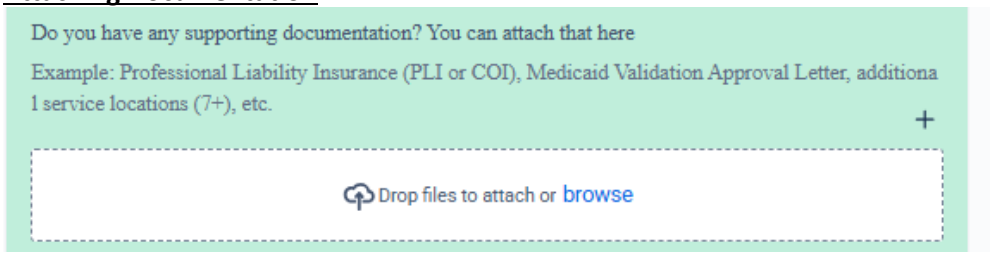


Enter the address for the closing location.

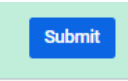


Use the drop-down to select if the providers affiliated with the closing location will be moving to a new service location. If "Yes" is selected, more information will appear to attach a list of the providers and which location(s) they are moving to.

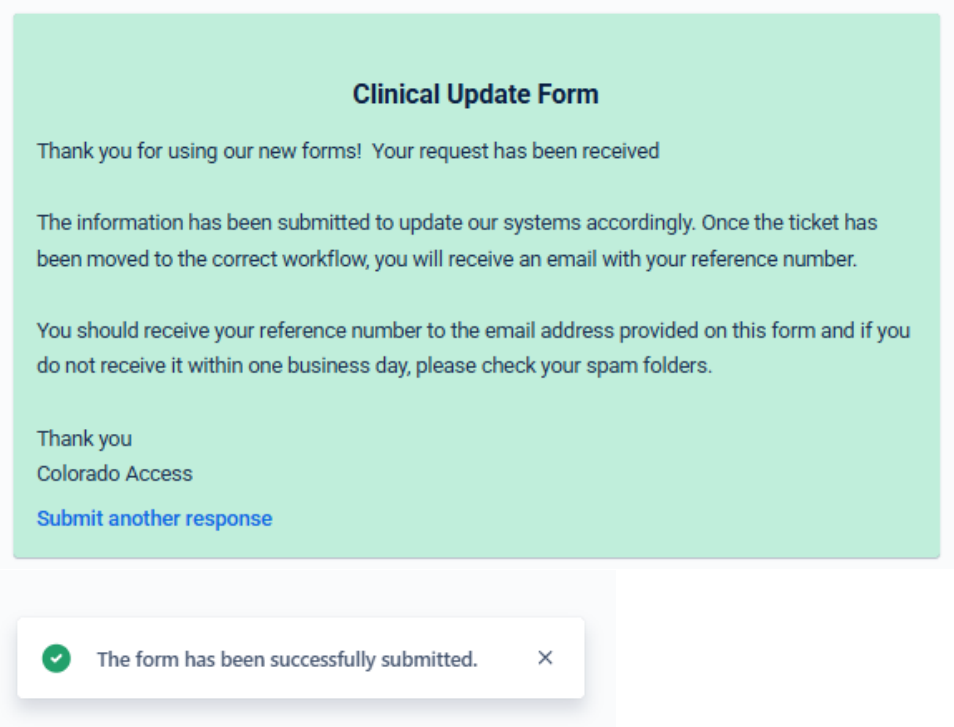
Attaching Documentation



Any supporting documentation can be attached here by either dragging and dropping the files to this box or by clicking browse to select the attachments.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

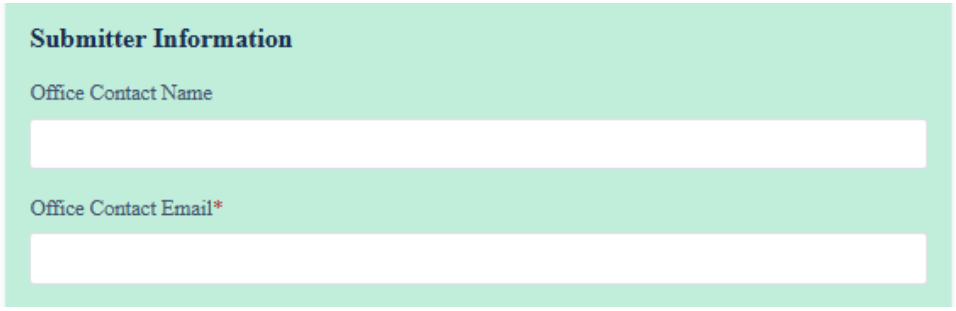
When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

6. Roster

The “Roster” form is used to terminate a specific location for contracted entities.

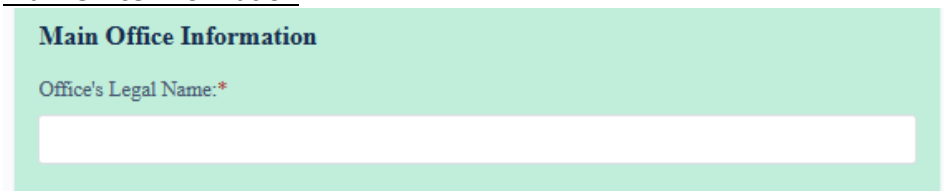
All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information

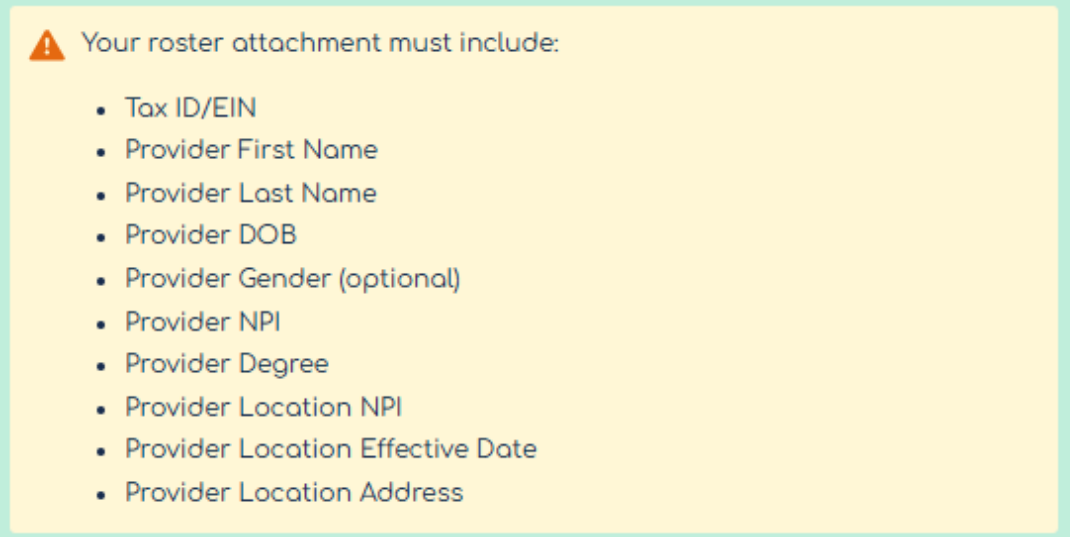


It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

Main Office Information

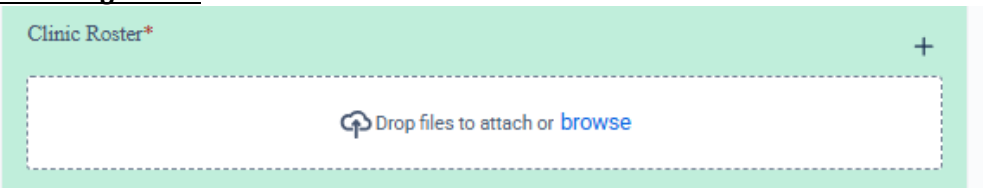


Enter the main office legal name.

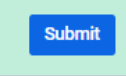


Please note that the roster must contain, at minimum, the above information.

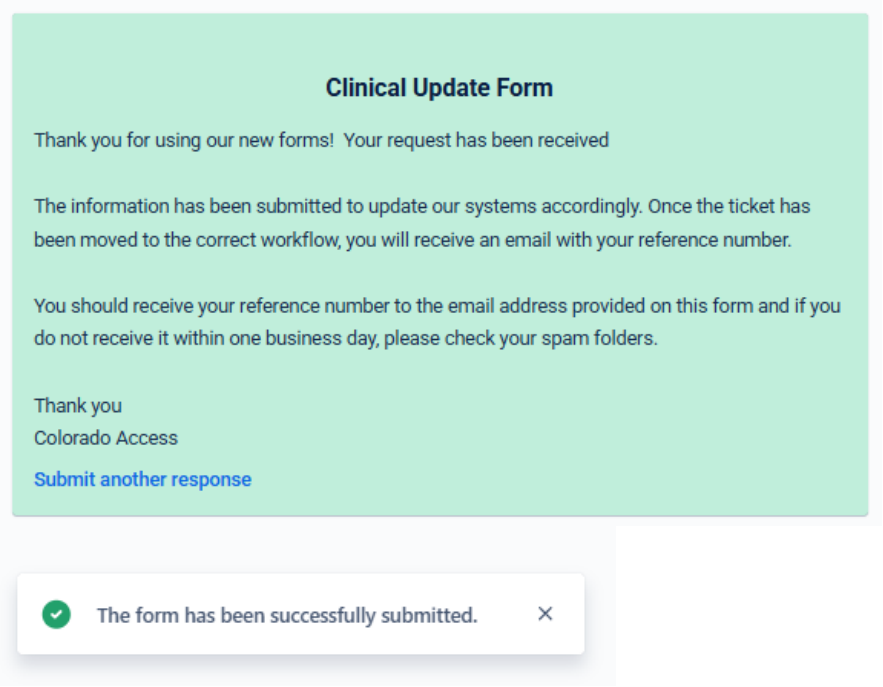
Attaching Roster



Attach the roster by either dragging and dropping the files to this box or by clicking browse to select the attachments.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



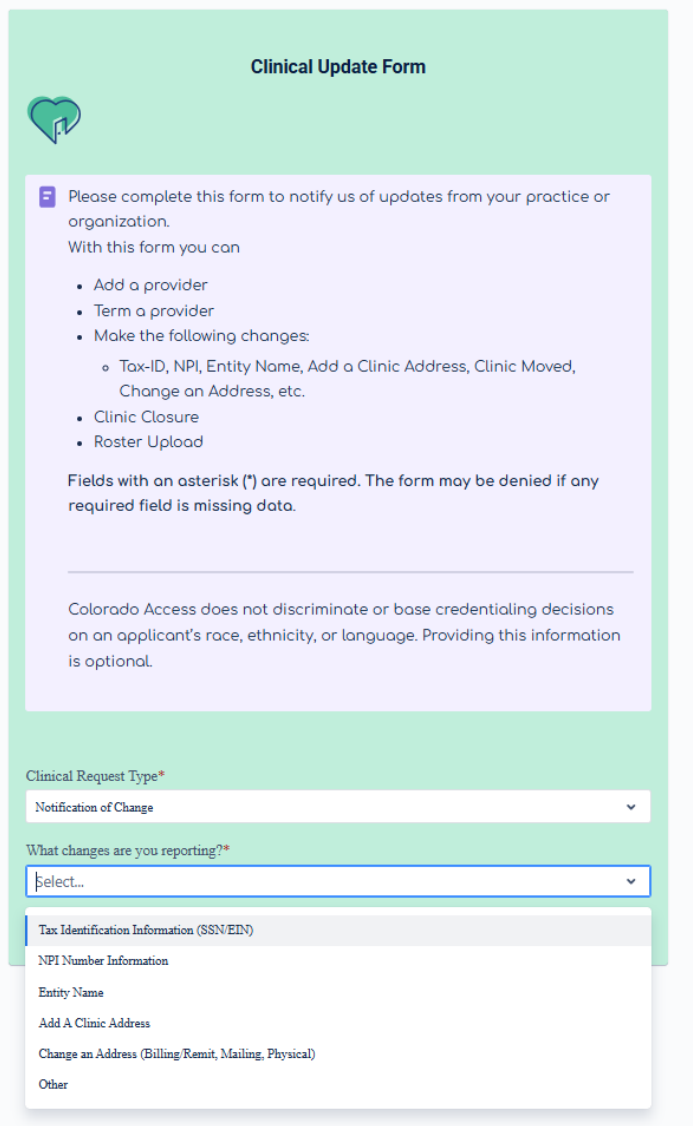
When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

Please note, although the reference number shows the submission is completed, it does not mean that that credentialing has also been completed. If credentialing is required, a separate notification will be sent once credentialing is completed.

7. Notification of Change



After selecting "What changes are you reporting?" an additional drop-down list will appear to specify what type of change to submit. If the change you need to submit is not listed, please select the "Other" option.

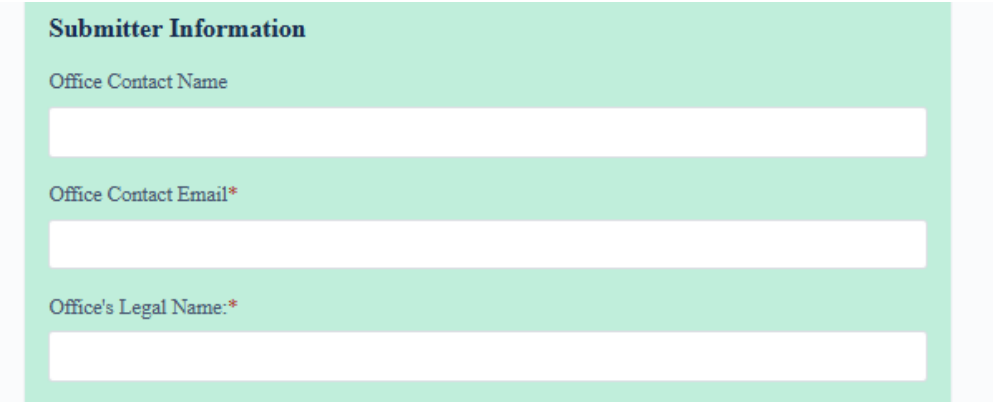
Please see the additional sections of this document that will provide a more detailed review of each of the "Notification of Change" forms.

8. Notification of Change – Tax identification Information (SSN/EIN)

The “Notification of Change” form for tax ID information is used to change an existing tax ID number.

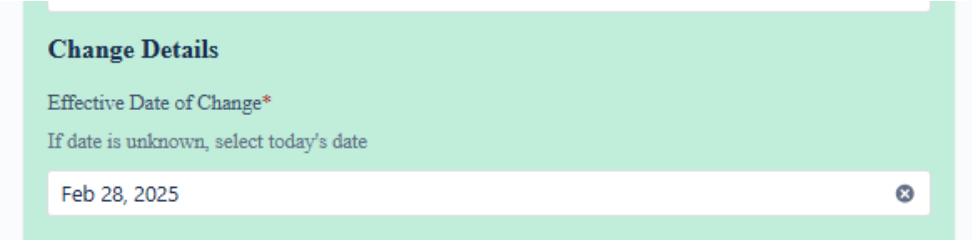
All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information

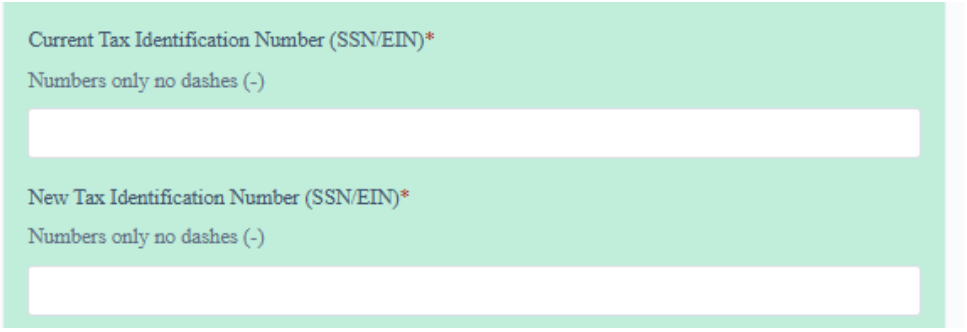


It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

Enter the office’s legal name for the entity with the TIN/SSN/EIN change.



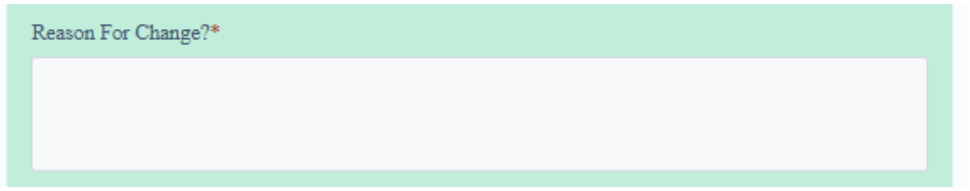
The effective date of change will default to today’s date. If the effective date should be different than the date listed, please update this date and ensure the new date is saved when leaving that field.



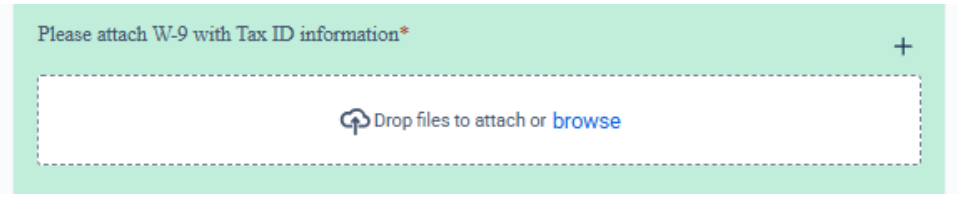
Enter the current tax ID number that is changing.

Enter the new tax ID number. The tax ID entered should match the W-9 information that will be used in the billing loop.

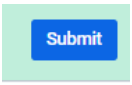
If the tax ID AND name are changing, then our contracting team needs to be notified by email at provider.contracting@coaccess.com.



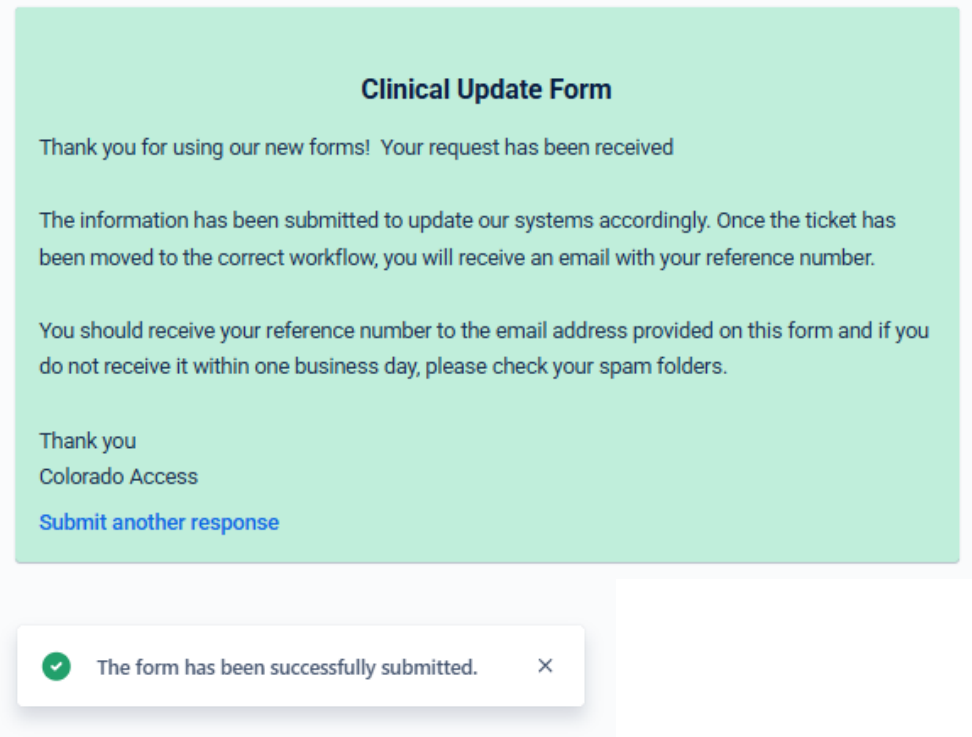
Please enter a comment for the reason of the tax ID change.



A W-9 is required for all tax ID changes. Please attach it here by either dragging and dropping the files to this box or by clicking browse to select the attachments.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

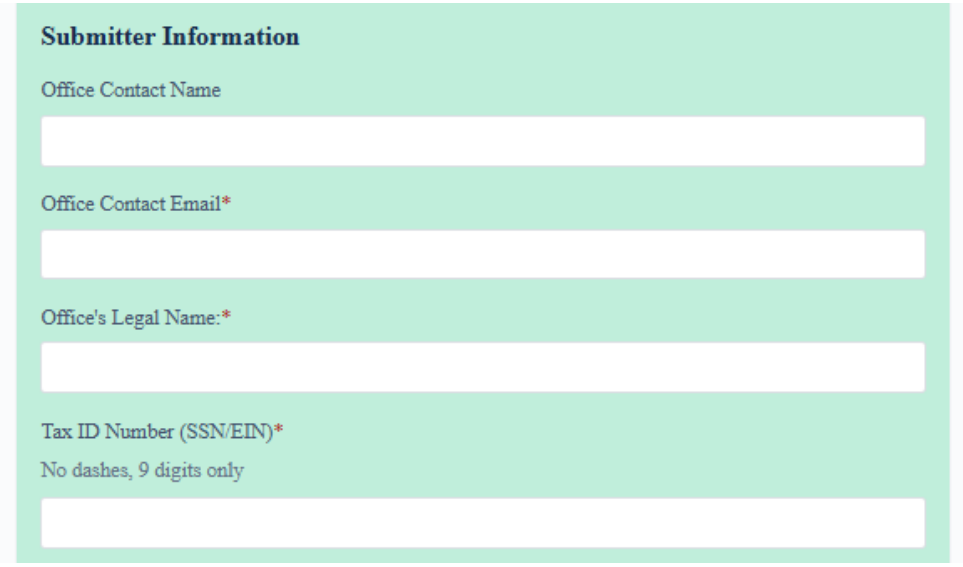
When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

9. Notification of Change – NPI Number Information

The “Notification of Change” form for NPI information is used to change an existing NPI number.

All fields with an * are required and the form cannot be submitted until it is populated.

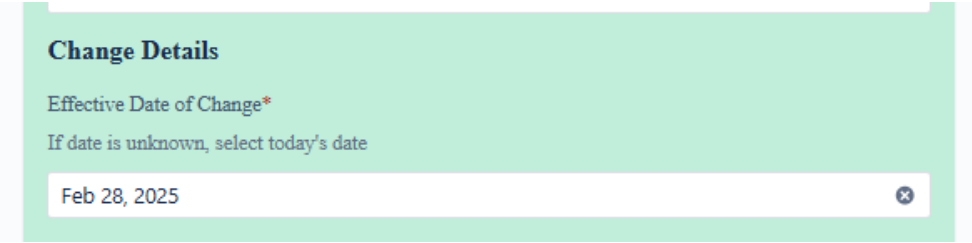
Submitter Information



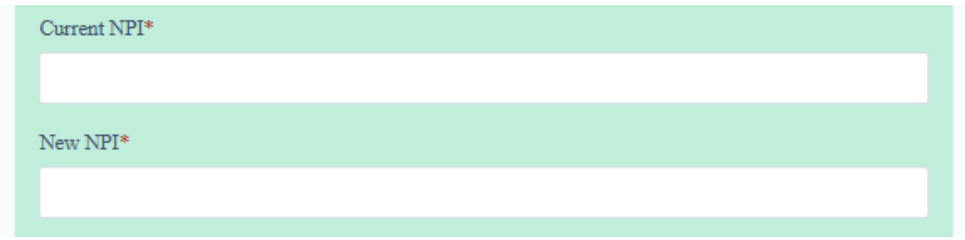
It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

Enter the office’s legal name for the entity/location with the NPI change.

Enter the tax ID of the entity.

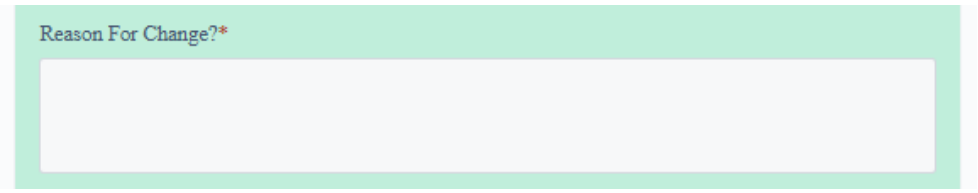


The effective date of change will default to today’s date. If the effective date should be different than the date listed, please update this date and ensure the new date is saved when leaving that field.

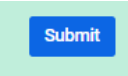


Enter the current NPI that is changing.

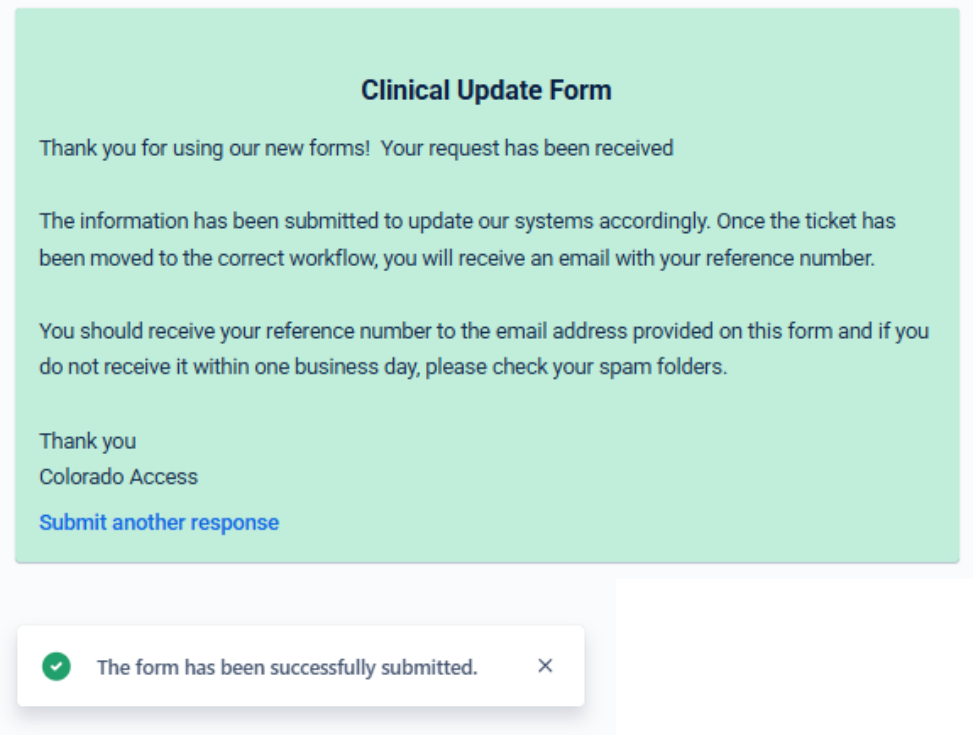
Enter the new NPI. Please ensure the NPI is validated with the state of Colorado. If the NPI is not validated, even though we have made the requested updates in our systems, the claims will be denied for non-validation.



Please enter a comment for the reason of the NPI change.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

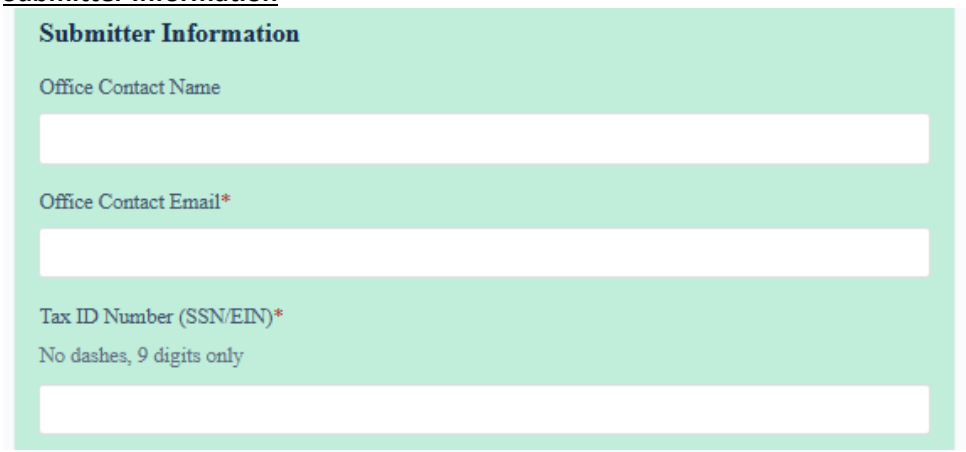
When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

10. Notification of Change – Entity Name

The “Notification of Change” form for entity name is used to change an existing entity legal and/or doing business as (DBA) name.

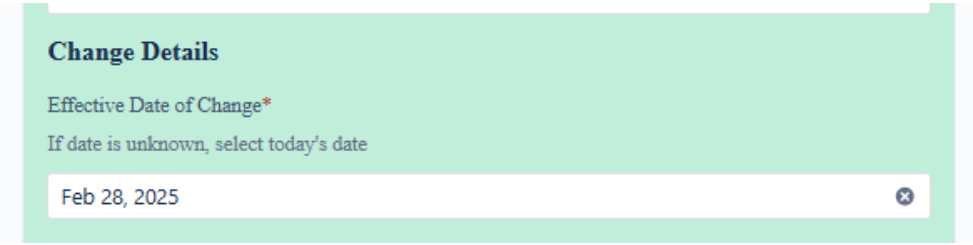
All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information

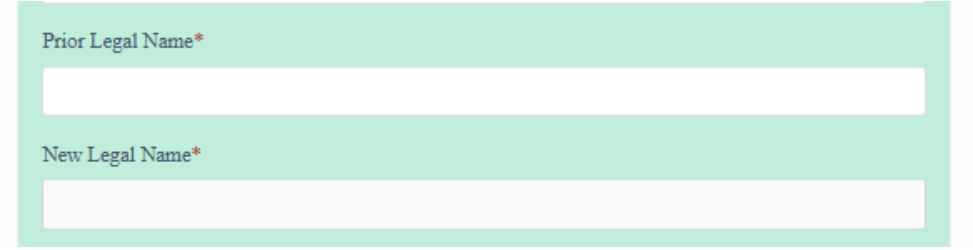


It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

Enter the tax ID of the entity with the name change.



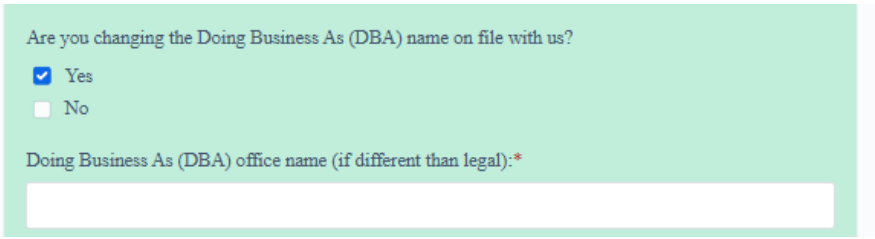
The effective date of change will default to today’s date. If the effective date should be different than the date listed, please update this date and ensure the new date is saved when leaving that field.



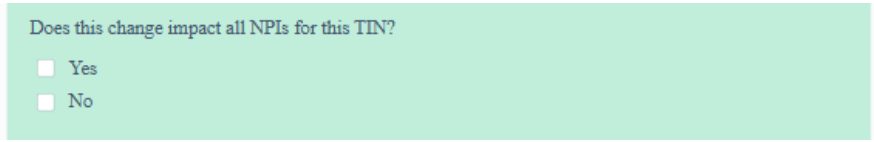
Enter the prior legal name.

Enter the new legal name.

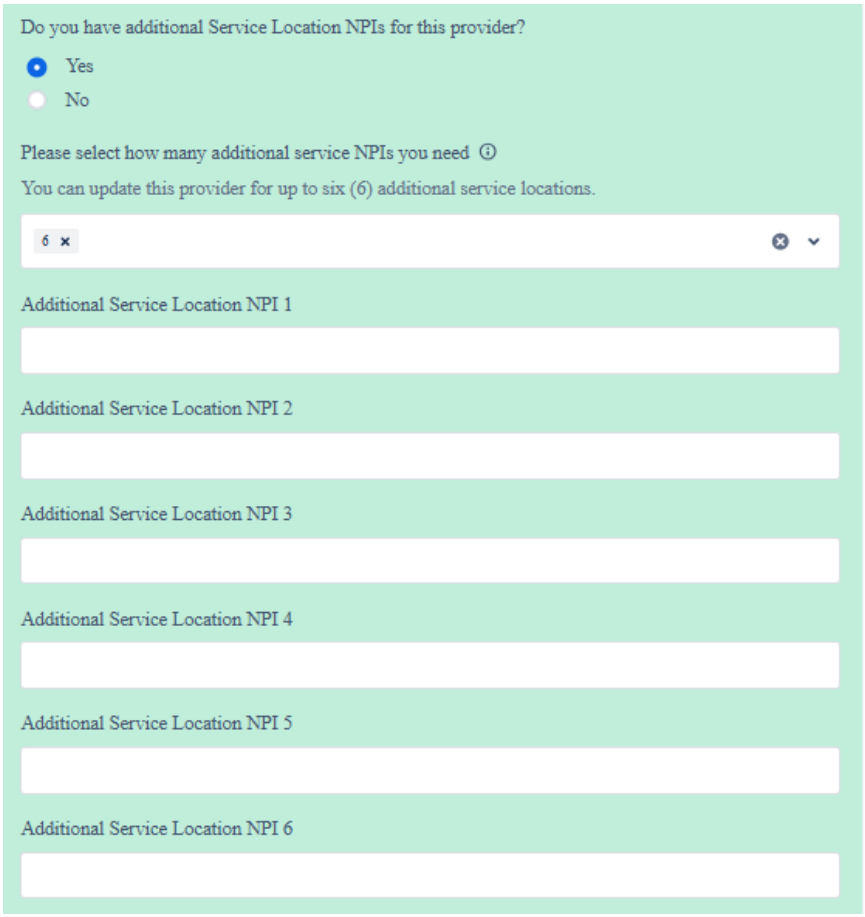
If the tax ID AND name are changing, then our contracting team needs to be notified by email at provider.contracting@coaccess.com.



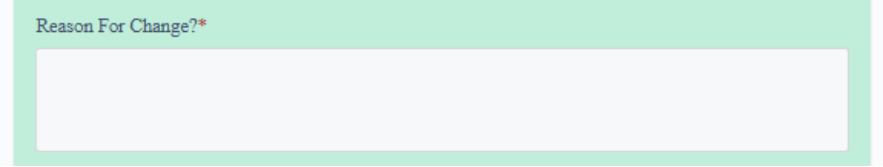
If the name for the DBA is changing as well, select "Yes" and a new field will appear to capture the new DBA name. If "No" is selected, this field will not appear.



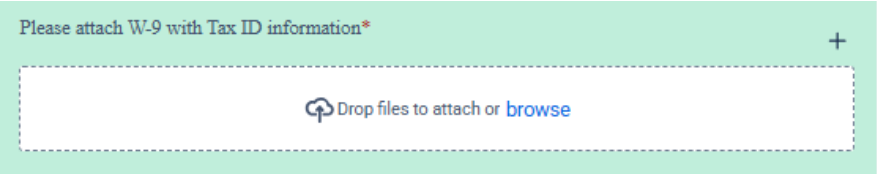
If the change will impact all NPIs, select "Yes." If it will not impact all NPIs for this TIN, select "No."



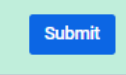
If "No" is selected to impact all NPIs for the TIN, the option for additional locations will not appear. If "Yes" is selected, an option to add up to six additional locations will appear. Please include all the unique location NPIs that are impacted.



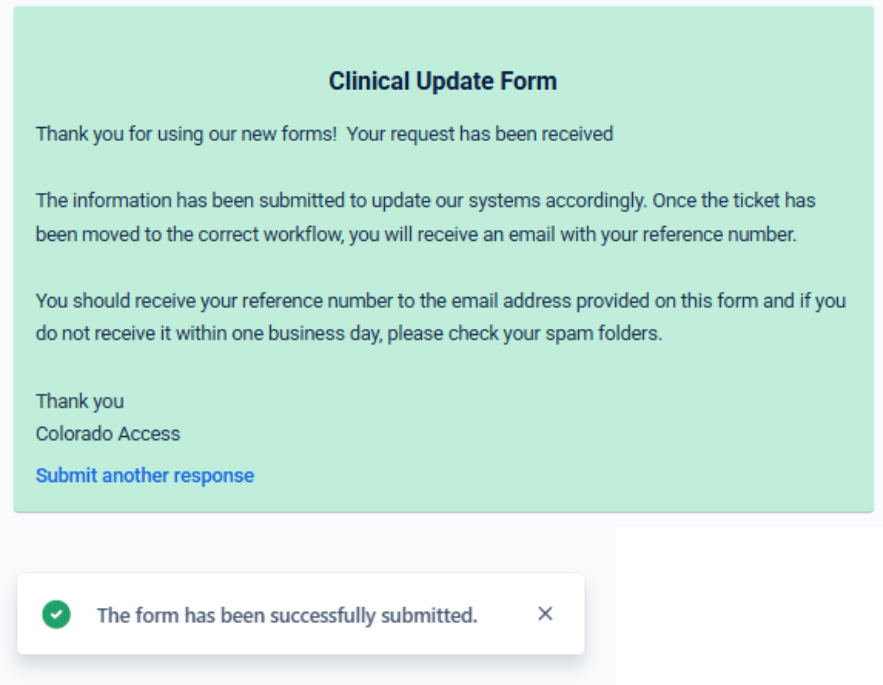
Please enter a comment for the reason of the entity name change.



A W-9 is required for all name changes. Please attach it here by either dragging and dropping the files to this box or by clicking browse to select the attachments.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

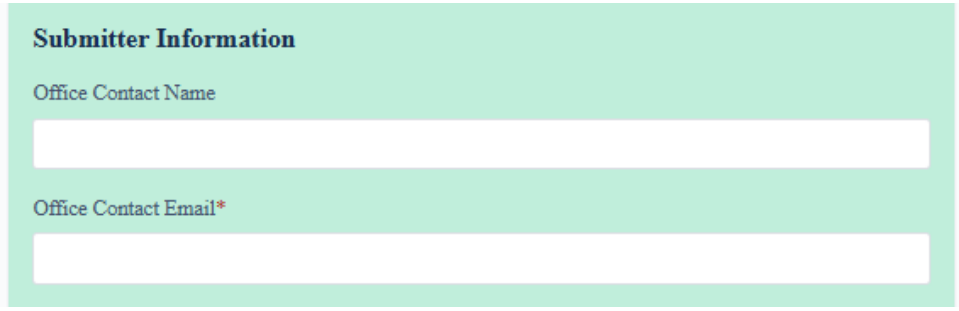
When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

11. Notification of Change – Add a Clinic Address

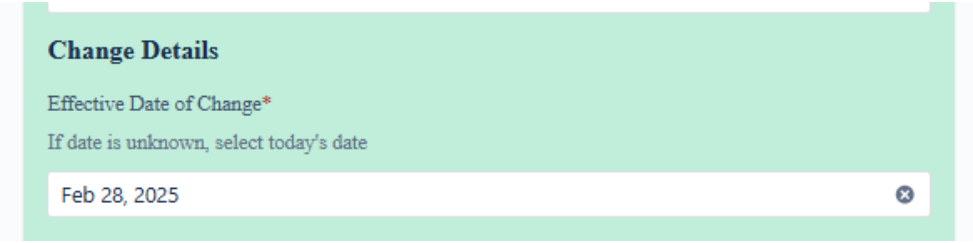
The “Notification of Change” form for adding a clinic address is used to add new locations.

All fields with an * are required and the form cannot be submitted until it is populated.

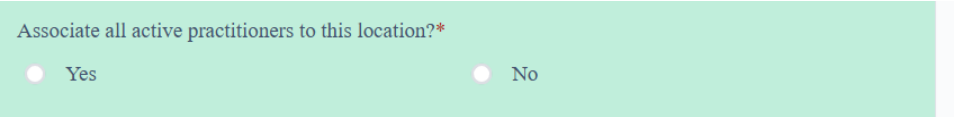
Submitter Information



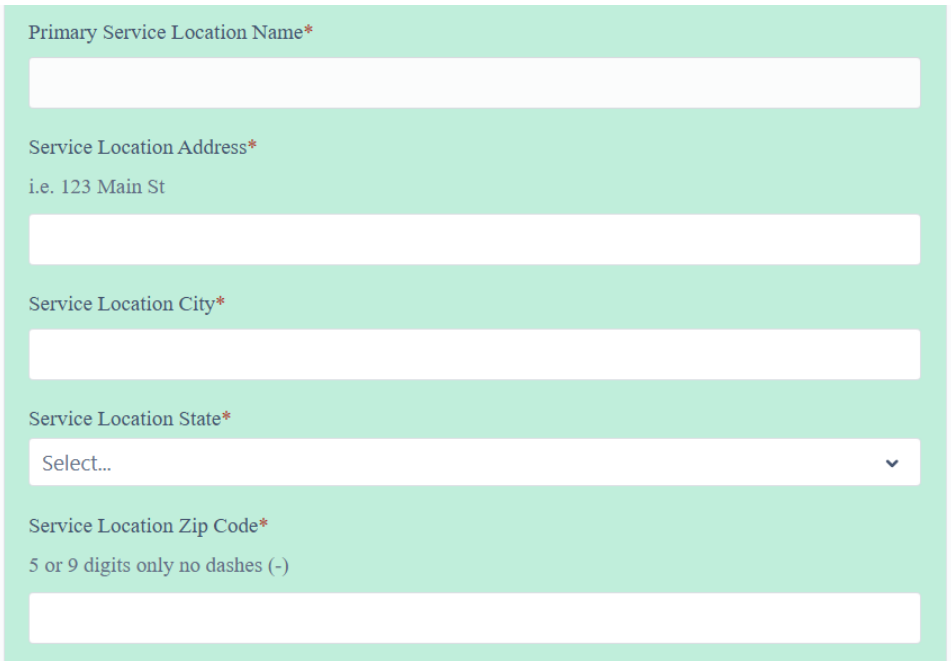
It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.



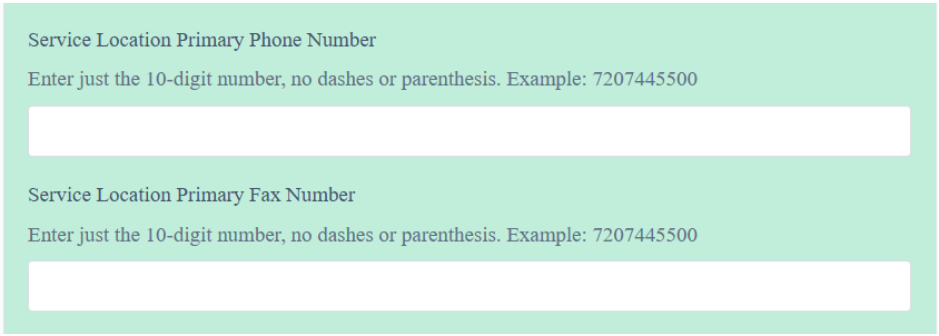
The effective date of change will default to today’s date. If the effective date should be different than the date listed, please update this date and ensure the new date is saved when leaving that field.



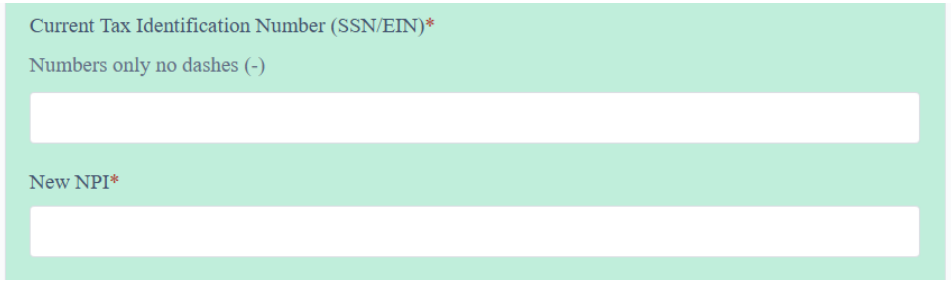
Select “Yes” if all active practitioners under the tax ID should be affiliated with this new location. If you select “No,” please attach a list of the practitioners to affiliate at the end of the form.



Enter the address information for the new location.

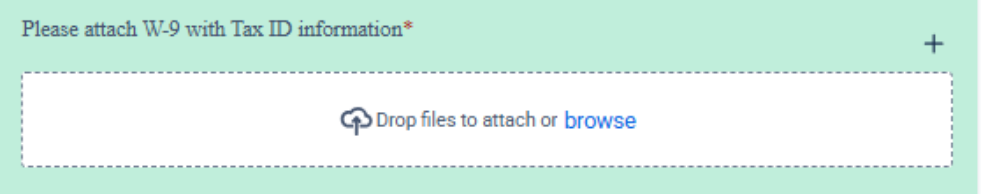


Enter the phone numbers for the new location.

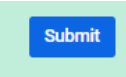


Enter the current tax ID for the entity. The tax ID entered should match the W-9 information used in the billing loop.

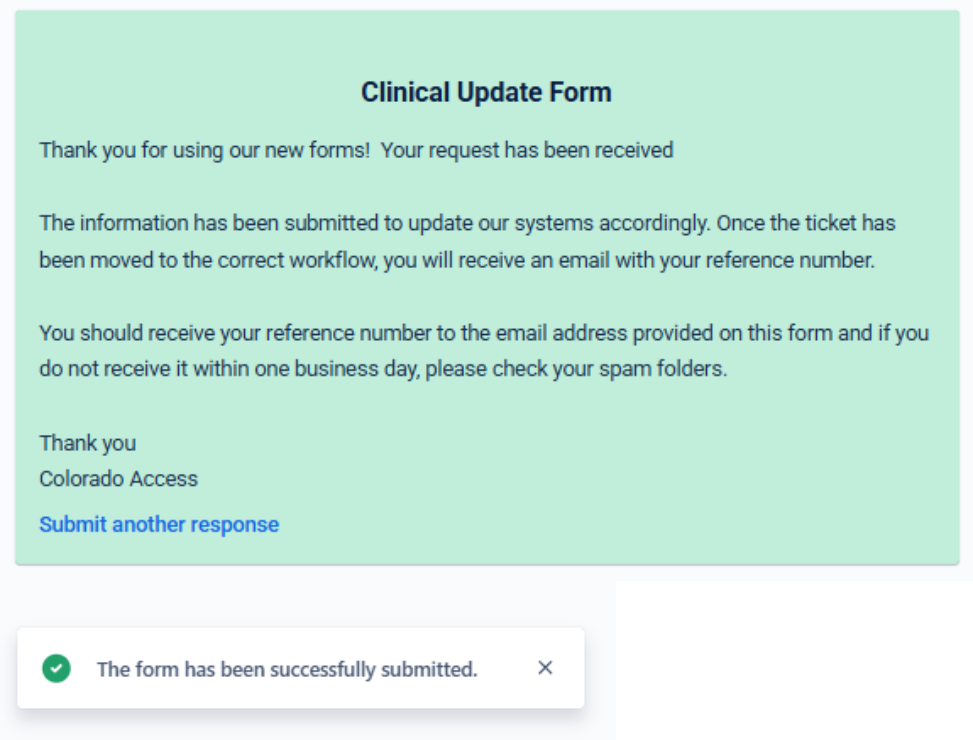
Enter the new NPI for the new location. Please ensure the NPI is validated with the state of Colorado. If the NPI is not validated, even though we have made the requested updates in our systems, the claims will be denied for non-validation.



A W-9 is required for new addresses. Please attach it here by either dragging and dropping the files to this box or by clicking browse to select the attachments.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

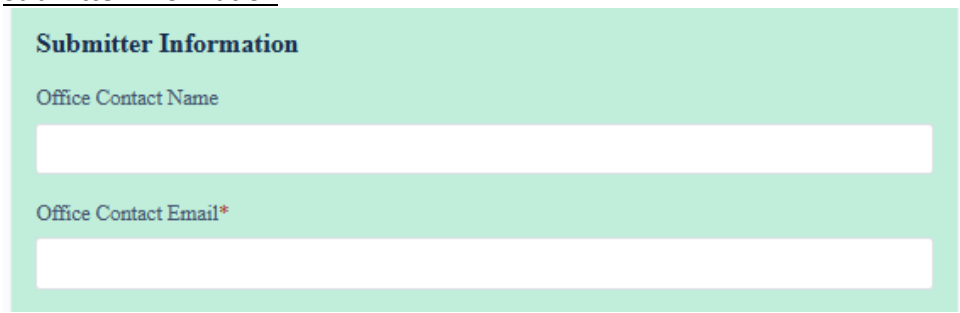
12. Notification of Change – Change an Address (Billing/Remit, Mailing, Physical)

The "Notification of Change" form for changing an address is used to submit address changes to either billing/remit, mailing, and/or physical addresses.

All fields with an * are required and the form cannot be submitted until it is populated.

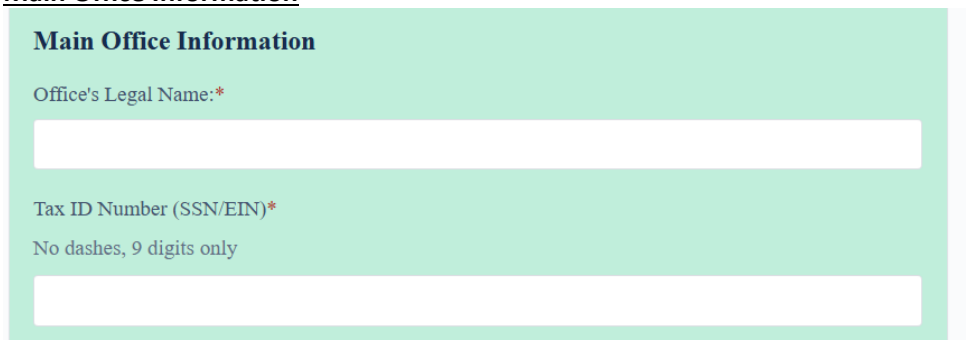
Check the addresses that need a change. A minimum of one is required but all can be selected if applicable.

Submitter Information



It's important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

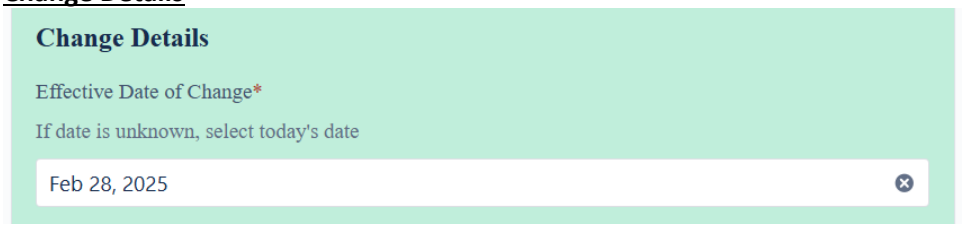
Main Office Information



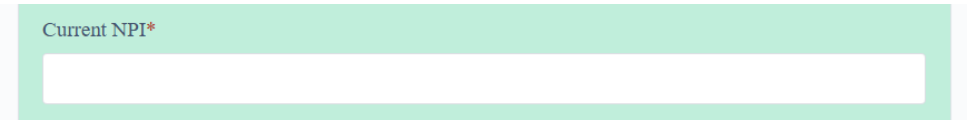
Enter the main office legal name.

The tax ID entered should match the W-9 information used in the billing loop.

Change Details



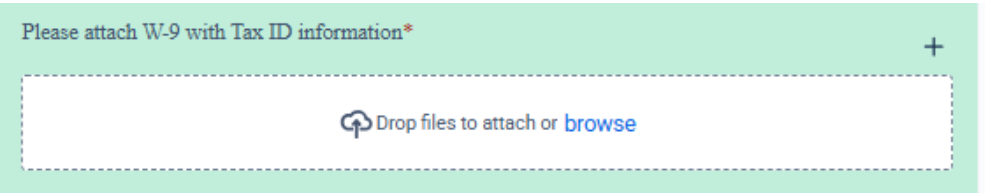
The effective date of change will default to today's date. If the effective date should be different than the date listed, please update this date and ensure the new date is saved when leaving that field.



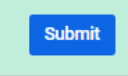
Enter the current NPI for the physical address.

Enter the new address(s) as applicable. Some fields may not appear if the type of change wasn't selected above.

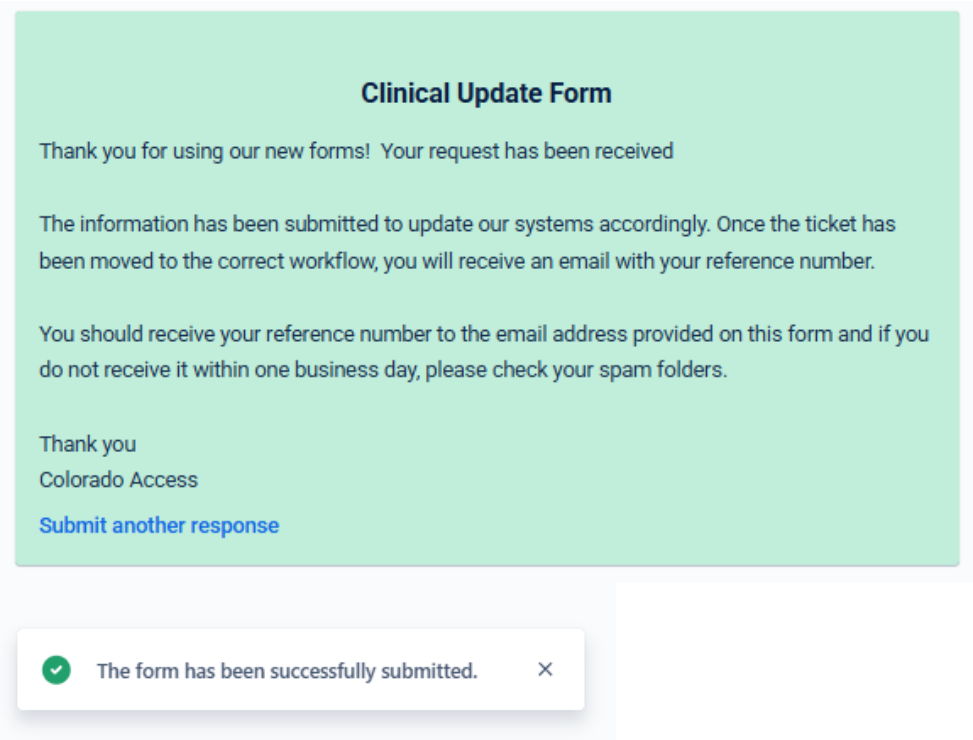
Please enter a comment for the address change(s).



A W-9 is required for new billing/remit addresses. Please attach it here by either dragging and dropping the files to this box or by clicking browse to select the attachments. This option will not appear if billing/remit was not selected.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



When the form is successfully submitted, this new screen will show it's been submitted.

All forms submitted will receive a confirmation email to the **office contact email submitted on the form** and will include a reference number.

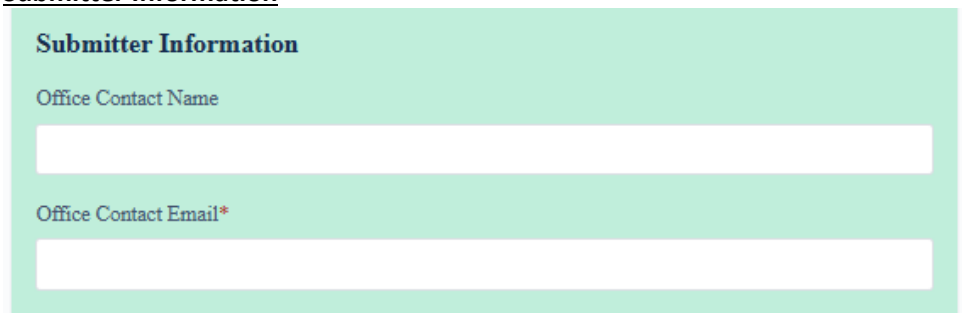
When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.

13. Notification of Change - Other

The “Notification of Change” form for all other requests is used to submit changes that are not captured in any of the other forms.

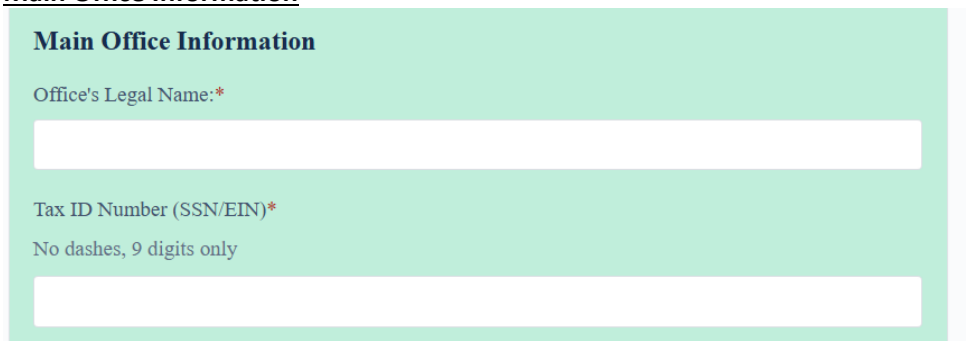
All fields with an * are required and the form cannot be submitted until it is populated.

Submitter Information



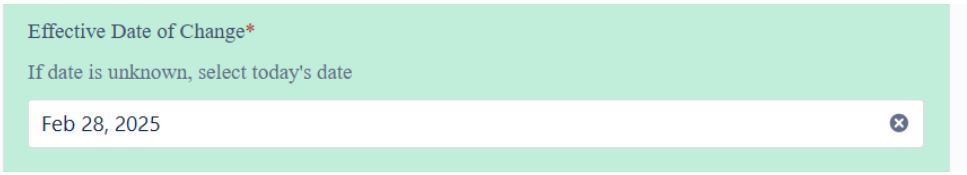
It’s important to accurately enter the office contact email. We will use this email if we have any questions or need more information to complete the request. If a response is not received within five days of our outreach, the ticket will be closed, and you will need to resubmit your request.

Main Office Information



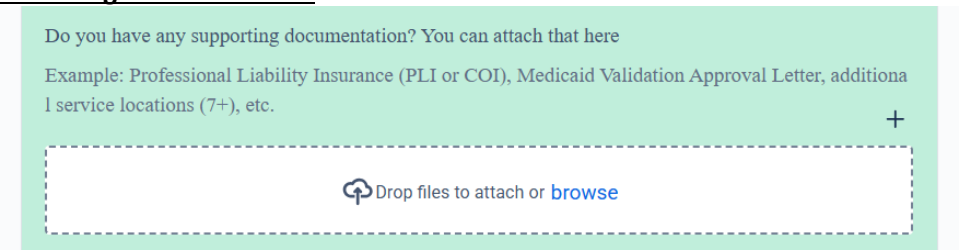
Enter the main office legal name.

The tax ID entered should match the W-9 information used in the billing loop.



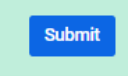
The effective date of change will default to today’s date. If the effective date should be different than the date listed, please update this date and ensure the new date is saved when leaving that field.

Attaching Documentation

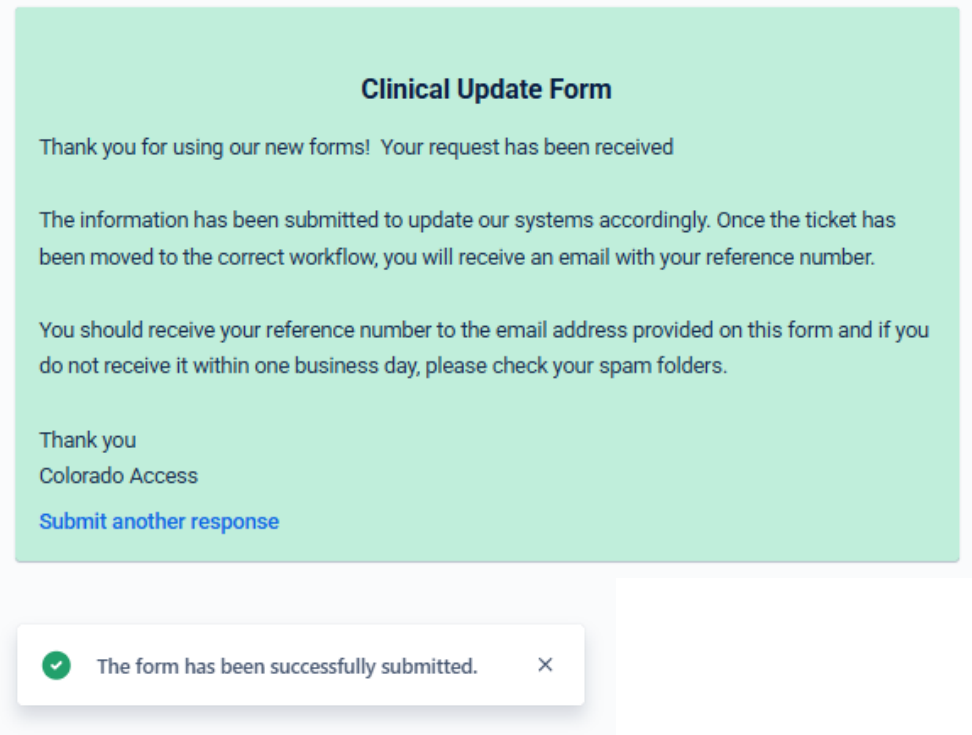


Any supporting documentation can be attached here by either dragging and dropping the files to this box or by clicking browse to select the attachments.

Please include a detailed description of what change(s) are needed with this request.



Once the form is complete, click the submit button. If there is required information that is missing or not correctly formatted, the form will not be submitted, and an indicator will show what still needs to be completed.



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All forms submitted will receive a confirmation email to the **office contact email submitted on the form and will include a reference number.**

When the request is completed by the configuration team, a completion email will be sent to the office contact email submitted on the form and will also include the reference number. These requests will be shared with other teams at Colorado Access, as appropriate.