Provider Enrollment Guide – Facility/Agency/Organization (FAO) for State of Idaho MMIS

Note: If you are a Mental Health Clinic, Rehabilitative Mental Health Service, or Mental Health Case Management, you must enroll with Optum Idaho (see Section 1 Introduction).

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## Revision History

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<th>Author</th>
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1. **Introduction**

Prior to beginning the enrollment process, you will need to register for a Trading Partner Account. Refer to the Trading Partner Account (TPA) User Guide for more information.

*If you are a Mental Health Clinic, Rehabilitative Mental Health Service, or Mental Health Case Management and plan on billing for Medicaid services, contact Optum Idaho to enroll.*

Optum Idaho Contact Information:

www.OptumIdaho.com

1 (855) 202-0973

The *Provider Enrollment Guide – Facility/Agency/Organization (FAO)* describes the enrollment process for all facilities, agencies, organizations (FAO) and atypical providers.

An FAO provider is an entity that provides health care services. FAO providers include facilities such as hospitals, home health agencies, nursing facilities, laboratories, group homes, and residential facilities. These providers can operate either under an Individual NPI as a sole proprietorship, or under an Organization NPI.

FAO providers also include atypical providers (freestanding day habilitation, Certified Family Homes, fiscal employer agent, and transportation services). Although some atypical providers have obtained NPIs, it is not a requirement for enrollment. For atypical providers that have not obtained an NPI, an Idaho Medicaid Provider Identification number will be assigned when the provider’s application is entered into the system.

An FAO might or might not have rendering providers associated to them, depending on the type of services provided. The individual practitioners are associated to the FAO provider as rendering providers with an Individual NPI.

Figure 1-1 displays the provider types and specialties that are considered FAOs. If your specialty is not listed here, prior to starting your enrollment, contact Idaho Provider Enrollment toll free at 1 (866) 686-4272 or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

**Figure 1-1: Facility Provider Type and Specialties**

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<td>Home Health Hospice</td>
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<td>Health PAS Provider Type</td>
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<td><strong>Agency - Professional</strong></td>
<td>Behavior Consultation/Crisis Management</td>
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<td>Children’s Service Coordination</td>
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<td>Chore Services</td>
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<td></td>
<td>DD Case Management</td>
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<td>Developmental Disability Agency</td>
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<td>Development Disability Agency – Support Only Child Services</td>
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<td></td>
<td>Nursing Agency (PDN)</td>
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<tr>
<td></td>
<td>PCS/Aged &amp; Disabled Services Agency</td>
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<td></td>
<td>Public Health or Welfare (District Health Departments)</td>
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<td>Residential Habilitation Agency</td>
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<td>Respite Care</td>
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<td>School Based Services</td>
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<td>Supported Employment Services</td>
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<td>Supports Brokerage-FEA</td>
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<td><strong>Ambulatory Health Care Facilities</strong></td>
<td>Adult Day Care Clinic/Center – (Federally Qualified Health Center (FQHC); Hearing &amp; Speech; Indian Health Services; Rural Health Clinics; Physical Therapy Facility; Radiology, Mobile)</td>
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<td><strong>Hospital</strong></td>
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<td>General Acute Care Hospital (Children; Critical Access; Rural; Women)</td>
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<td>Military Hospital (Military General Acute Care Hospital)</td>
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<td>Durable Medical Equipment &amp; Medical Supplies (Dialysis Equipment &amp; Supplies; Oxygen Equipment &amp; Supplies; Parenteral &amp; Enteral Nutrition)</td>
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<td>Portable X-Ray Supplier</td>
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<td>Prosthetic/Orthotic Supplier</td>
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In the following sections, you will find a list of the information you should have on hand before starting the enrollment process and a detailed description of how to complete each of the enrollment steps.

If you are not a facility provider, refer to the appropriate document, which can be found in the User Guide library on the Idaho DXC Technology Medicaid website at www.idmedicaid.com.

- **Provider Enrollment Guide – Individual**
  - A single individual person providing services who will submit claims under their own personal NPI or Idaho Medicaid provider number and their own tax ID.

- **Provider Enrollment Guide – Group**
  - One or more rendering providers that provide services within a group

A glossary of acronyms and terms can be located in the Provider Handbook Glossary, on the DXC Technology Medicaid website at www.idmedicaid.com.

2. **Information You Will Need**

The following information may be needed to complete the enrollment process. Before you begin the enrollment process, you should gather the following information you will need during each step. This information includes:

- **For the pay-to provider**
  - National Provider Identifier (NPI) (if you have obtained an NPI, or if not atypical).
  - Tax ID – Federal Employer Identification Number (FEIN) and/or Social Security Number (SSN).
  - Name and title of the office contact person.
  - An e-mail address for the provider is required to access your record on the web portal. (If you do not have an e-mail address you can obtain a free one by searching for “Free E-mail” with an internet search engine. It will guide you to sites that offer free e-mail accounts.)
  - Phone numbers – primary (required), secondary, emergency, mobile, and fax.
  - Banking information for Electronic Funds Transfer (EFT), if applicable; information needed includes: account number, name on the account, account type, routing number, start date, financial institution name, full address, and telephone number.

- **For owners and/or board members**
  - The name, FEIN or SSN, tenure dates, and address information for all owners and/or board members.
  - Information regarding sanctions, exclusions, or convictions of owners and/or board members.
  - Information regarding owners’ and/or board members’ participation in other organizations that bill Medicaid for services.
  - The relationships among owners and/or board members.
• Information regarding the provider, owners, and employees with respect to certain legal situations.

• **For service locations**
  - Providers must disclose all service locations.
  - The physical and mailing addresses of the provider's service location(s).
  - A list of any languages spoken by the provider and his or her staff, in addition to English.
  - General information about each service location, such as accessibility, office hours, whether the service location is accepting new patients, and the age range and gender restriction for patients.
  - The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs.
  - Information about the individual facilities, including whether the facility has a geropsychiatric unit or a distinct part unit, the groups of people that the facility services (i.e., children, adults, etc.), fiscal year end date, and the number of beds in the facility.
  - If the provider is interested in becoming a Healthy Connections provider, the information needed includes, hours, limitations (gender, age), accommodations (TDD phone, interpretive services, sign language), and after hours coverage.

• **For rendering providers, as applicable**
  - Each rendering provider's NPI, name, address, gender, phone number, and fax number.
  - The provider type/specialty pairs that represent the individual provider, as well as all licensing and certification documents for those provider type/specialty pairs.
  - A list of the service locations to which the provider is affiliated.

A red asterisk (*) will be used to indicate required fields on each screen. An alert will display if you attempt to move to another screen without entering all required fields. It is recommended that all fields, regardless of whether or not they are required, are filled in. This information is used in a variety of ways, one being the provider directory which is posted at [www.idmedicaid.com](http://www.idmedicaid.com).

### 3. System Requirements

To use all features of the provider enrollment portal successfully, ensure that your computer system meets the following minimum requirements:

- Firefox or Internet Explorer 7.0 (using other versions or settings may cause unpredictable results).
- Screen resolution of 1024 x 768 or higher (recommended).
- Adobe Acrobat Reader 6.0 or above (for viewing correspondence) Adobe Acrobat Reader can be downloaded at no cost from: [http://get.adobe.com/reader/otherversions/](http://get.adobe.com/reader/otherversions/)
- Flash Player version 7.0 or above (for viewing tutorials).

### 4. Basic Navigation

There is a menu on the left side of each screen that will show you where you are in the enrollment process. Here are a few very basic navigation tips to help you consider while moving through the application.
Legend for Menu Icons

1. The white sheet of paper icon means that there is only one single page of information needed for that specific part.
2. The gray arrow pointing to the yellow folder signifies a drop-down, as there is more than one page of information needed for that specific part. Select the yellow folder to view the contents.
3. The grayed out paper signifies information that is not needed for your type and specialty and therefore is skipped.
4. The vertical line of black dots is used to make the menu larger or smaller. Simply click on the dots and drag either to the left or right.

You can move through the application by selecting a menu option at the left if you want to go to a different screen rather than using the Previous and Next buttons.

Before you can Select Previous or Next, you must complete all required data on the page you are updating. If all required fields are not completed prior to selecting Previous and Next, an alert will display with the fields that must be completed prior to navigating away from the page.

Note: If you skipped a screen that requires information, when you submit your application, those screen names will turn red on the menu bar alerting you to go back and add information.

There is also Help text for each field. Place your cursor over a field and it will tell you what that field contains.

To update information in a modifiable field, you will simply type over the information that is currently displayed.

There is an Increase Text Size button in the top right corner of each page. Select the button as many times as you need to increase the size of the text. Keep in mind that when you increase the text size, you may not see all the information on the page (Figure 4-2).
**5. Getting Started**

To start your enrollment, you must sign in to the Idaho DXC Technology Medicaid website at [www.idmedicaid.com](http://www.idmedicaid.com). Once you are signed in, hover over the **Account Maintenance** tab and choose **Provider Enrollment** (Figure 5-1).

![Figure 5-1: Provider Enrollment Link](image)

A list of Provider Enrollment links will display. Click on **New Provider Enrollment Application** (Figure 5-2). The Provider Enrollment Application will open.

![Figure 5-2: New Provider Enrollment Application](image)

**6. Security Login Information**

The first step in the enrollment process is to create a secure log in, as shown in Figure 6-1. This screen collects the provider’s contact e-mail address, enumeration designation, enrollment type, NPI, and the associated FEIN or SSN. Following each screen shot is a field-by-field explanation of each screen.
E-mail Address
Enter the e-mail address where you want to receive the confirmation e-mail after completing the enrollment. The e-mail address must be entered in the proper e-mail format; for example, userid@domain.com. This should be an e-mail address that you will use in the future to receive correspondence about your enrollment.

Re-type E-mail Address
Enter exactly the same e-mail address that you entered in above. The field will fill with asterisks (*) as you type.

Enumerated with NPI Registry as
The dropdown includes Individual, Organization, and No NPI. Because you are enrolling as a Facility, you will choose Organization if you have an NPI. Choose No NPI if you are a facility provider without an NPI. The Individual option should only be chosen if the enrolling provider is an individual and not a group or a facility.

Enrollment Type
Choose Facility/Agency/Organization. The next field’s name will change based on the option that you chose from the drop-down list.

Pay-To National Provider Identification # (NPI)
Enter your NPI. This field will not display if you chose No NPI from the Enumerated with NPI Registry as dropdown.

Tax ID Type
Choose either SSN or FEIN. An SSN is assigned to an individual in their own name; an FEIN is assigned to a business in their business name. The Tax ID Type chosen must match the Tax ID Type currently associated to the NPI entered above.

Retype
Retype your SSN or FEIN. It must match what you entered in the field above.
Click **Start Enrollment**. The *Business Information* screen appears next.

### 6.1. Tips, Errors Messages, and Notices

If you have missed any required fields, you will receive an error message showing what you need to complete (Figure 6-2).

**Figure 6-2: Current Screen Error List**

Required fields will be outlined in red and flagged (Figure 6-3) if you have not completed the information.

**Figure 6-3: Required Field Notice**

Tool tips are available for each field. Hold your cursor over the field to display the tool tip for that particular field. Figure 6-4 shows the tip for the *Enrollment Type* field.

**Figure 6-4: Tool Tips**

If you have previously started your enrollment, the following error will display as shown in Figure 6-5.

**Figure 6-5: Error Message**
Select **OK** to close the error message. Select **Resume Existing Enrollment Application** (Figure 6-6) to complete the application process. Refer to **Section 5 Getting Started** for more information.

**Figure 6-6: Resume Existing Enrollment Application**

<table>
<thead>
<tr>
<th>Provider Enrollment</th>
<th>Edit</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Provider Enrollment Application</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Resume Existing Enrollment Application</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verify Enrollment Application Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Maintenance - Demographic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Enrollment Forms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **Complete the Pay-To Provider Segment**

7.1. **Verify Your Enumeration Information and Provide Your Business Contact Information**

The **Business Information** screen displays the tax ID number and the e-mail address entered on the previous screen. The screen also displays a provider type dropdown box and organization name, and captures the office contact information, primary, secondary, emergency, mobile, and fax numbers for your office.

On this screen, you will want to ensure that all information is correct. If you entered an NPI on the security screen, the name, phone number, and fax will be prepopulated. If any of this information is incorrect, you will need to update the information on this screen. You will also want to make sure that you update the NPPES database as well at [https://npiregistry.cms.hhs.gov/](https://npiregistry.cms.hhs.gov/) since this is where the pre-populated information was extracted from.
Multiple header fields appear on every enrollment screen for the remainder of the process. These are displayed in Figure 7-2 and described on the next page.

**Figure 7-2: Header Fields**

**Header Field Descriptions**

- **Pay-To Provider Name:**
  - If you entered an NPI on the security screen, this field will display the provider name extracted from the NPPES database. If you chose No NPI, this will be blank.

- **Enumerated As:**
  - The enumeration designation from the initial screen. If you entered an NPI on the security screen, *Organization* will be displayed in this field. If you chose No NPI, this field will show *No NPI*.

- **Pay-To Provider ID:**
  - The NPI entered on the initial screen – The NPI entered on the security screen will display. For providers without an NPI, a temporary Pay-to Medicaid Provider ID number has been assigned to you and is displayed here. You will
receive your permanent Medicaid Provider Number when your application has been approved.
  o If you chose No NPI, a temporary number will display in this field that matches the case number. The temporary number will not be your Provider ID once you have been approved as an Idaho Medicaid Provider.

- **Enrollment Case #:**
  o The case number; this number will be required to resume a saved enrollment, check the status of your enrollment, or to enter maintenance through the portal once you have been enrolled. The case number is automatically generated and is specific to your enrollment.

- **Status:**
  o The current status of this enrollment. The enrollment will show a status of NEW up to the point where you submit your application.

On this screen, you will add and verify unique identification data. A description of each field is given.

**Tax ID Type**
FEIN or SSN has been pre-populated from the previous screen. If the Tax ID is incorrect, delete the number and enter the correct Tax ID.

**Organization Name**
The name of the organization is pre-populated if you are enrolling with an NPI. If you are not enrolling with an NPI, go to the next step to add your name as this field will be blank.

**Please check if you need to update the name**
Once checked, the **Organization Name** field can be updated. If you have an NPI, make sure to update the CMS NPI Registry with the updated name information. [https://npiregistry.cms.hhs.gov/](https://npiregistry.cms.hhs.gov/). If you do not have an NPI, and you have checked the checkbox, the **Organization Name** field must be updated.

**Provider Type**
Select the drop down list and choose the appropriate Provider Type. Refer back to Section 1 Introduction for a complete list of provider types and specialties that are considered an FAO. Failure to choose the correct provider type will result in the application needing to be deleted and the provider must then restart the enrollment process from the beginning. For questions on the provider type or provider specialty, contact Idaho Provider Enrollment toll free at 1 (866) 686-4272 or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

**Contact Name**
Enter the name of the office contact that should be notified with any questions pertaining to the information in this enrollment.

**Title**
Specify the title for that contact person. Examples of titles include Office Manager, Administrative Assistant, and M.D.

**E-mail**
This is pre-populated from the security screen. An e-mail containing your Enrollment Case Number will be sent to this address. If the e-mail does not arrive in the inbox, check Junk Mail or SPAM folders.
Retype E-mail
This is pre-populated from the security screen.

Primary Phone
Enter the primary telephone number for the office if the field is blank. If the field is pre-populated and the phone number is not correct, type over the phone number with the correct number.

If you have a Secondary, Emergency, Mobile, or Fax phone number, enter it in the appropriate field.

Click Next to navigate to the Address Information screen.

8. Navigation Buttons at the Bottom of the Screens
Once you have finished entering all information on any screen, you have the following option buttons available.

- Next
- Previous
- Save and Close
- Cancel
- Delete

Depending on the screen, not all will always be available. Do not use the Back button in your browser; it will take you out of the application, and you will have to log in again to continue.

Next
Click this button to navigate to the next screen.

Previous
Click this button to navigate back to the previous screen.

Save and Close
You will save your application to continue with the enrollment process at a later time. A pop-up box will display with instructions on how to resume your record update as in Figure 8-1: Enrollment Application Saved Pop-Up Box.

Note: An e-mail will be sent to the e-mail address provided confirming the start of your enrollment process. The e-mail will include instructions on how to resume your enrollment should you need to Save and Close at anytime.
Figure 8-1: Enrollment Application Saved Pop-Up Box

Note: If you Save and Close at any time, you have only 14 DAYS to return and finish your application. If you do not return within 14 days, your enrollment will be deleted and you will be required to start the process from the beginning.

Cancel
The pop-up box in Figure 8-2 displays to confirm that you want to cancel changes made on the current screen.

OK, Close Application
You will be taken back to the provider portal home page, Welcome to Health PAS-OnLine.

No, Return to Application
The pop-up box disappears and the current screen is displayed.

Figure 8-2: Enrollment Application Cancel Pop-up Box

Delete
Any updates you have made will not be saved and you will have to start the application from the beginning. A confirmation pop-up box shown in Figure 8-3 will confirm that you want to delete the application.

Figure 8-3: Confirmation to Delete

Note: By selecting Delete, you will lose all the information that you entered.
9. Address Information

On the Address Information screen, you will verify the **Pay-To Physical Address** and **Pay-To Correspondence Mailing Address** for the Facility/Agency/Organization. The pay-to provider is the provider who will receive payments and provider correspondence. The W-9 is a federal tax document and must be completed according to the federal instructions. These instructions can be found at [www.irs.gov](http://www.irs.gov). The W-9 information collected on this screen will be used to pre-populate the W-9 form at the end of the application. Your 1099 form will be mailed to the W-9 address. You will indicate the provider’s **Type of Tax Entity** and **Exempt Payee** status. Refer to Figure 9-1 and the field descriptions immediately follow the figure.

**Figure 9-1: Address Information Screen**

Pay-To Physical Address
This section is pre-populated with the physical address of where the provider is located. If you do not have an NPI or the address listed is incorrect, enter the address information as described below.

**Address 1**
Enter the first line of the street address.

**Address 2**
Enter the second line of the street address, if applicable.

**ZIP/Postal Code**
Enter the ZIP code for this address. This will automatically populate the city, county, state/province, and country. If a ZIP code falls within more than one city, a list of available city names for that ZIP code will display in the dropdown. Choose the correct city for this address. If the correct city is not available in the list, ensure that you have entered the correct ZIP code in the previous field. If the city still is not found, contact Idaho Medicaid Provider Enrollment toll free at 1 (866) 686-4272 for assistance or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

**Pay-To Correspondence Mailing Address**
This is pre-populated with the mailing address of the pay-to provider. This is the address where all correspondence is mailed for this physical address. If you do not have an NPI or the address is incorrect, enter the address information as described below.

**Set Mailing Address same as Pay-To Physical**
Select **Pay-To Correspondence Mailing Address** fields will populate with the **Pay-To Physical Address**. If the address is not the same, enter the address information as described above.

**W-9 Information**
This is the address where your 1099 information is mailed. The W-9 information collected on this screen will be used to pre-populate the W-9 form at the end of the application.

**W-9 Name**
This name must match the FEIN that is registered with the IRS.

**W-9 Business Name**
If the business name is different from the name in the **W-9 Name** field above, enter the correct name.

**W-9 Address**
This address is where your 1099 information is mailed. Enter address information as described previously.
- Address 1
- Address 2
- ZIP/Postal Code

**Type of Tax Entity**
Select one of the following from the dropdown list.
- a. Individual/Sole Proprietor
- b. Corporation
- c. Partnership
- d. LLC Disregarded Entity
- e. LLC Corporation
- f. Other – If you choose other, a text box appears that requires you to explain.

**Tax Exempt**
Indicate if this business organization is exempt from backup withholding or not. A full explanation of this type of tax exempt status can be found at [www.irs.gov/pub/irs-]
Return to Section 8 Navigation Buttons at the Bottom of the Screens for use of the buttons at the bottom of the screen. After selecting the Next button, the Ownership/Board screen appears.

10. Service Locations

In the Service Location segment, you must identify all service locations for the provider you are enrolling, as well as provide demographic and provider type/specialty information for each service location. You must fully describe one service location before identifying and describing subsequent service locations.

Each service location must be supplied a unique name, which will be used to identify the location when submitting claims and will also be displayed in the Provider Directory. In addition, each service location will be assigned a three-digit number which, when appended to the end of the provider’s pay-to NPI, creates a unique numeric identifier for each service location. If you have more than one service location, each location must have a different site name. Provide a name that will help you easily identify this service location later, such as Fairview or Overland.

Figure 10-1: Add Service Location

Add Service Location

In the pop-up box, enter a service location name.

Click the Add button to continue. The Service Location Screen displays as shown in Figure 10-2.
To add a service location, complete the following information.

**Physical Address**

**This is the Primary Service Location**
Check this box if this location is the primary location or the only service location for the provider. The primary service location denotes the location where services are primarily rendered.

*The Physical Address is not the same as the Pay-To Physical Address.*

**Address is SAME as Pay-To Physical Address**
Click on this button and the Pay-To Physical Address fields will populate the Physical Address. If the address is not the same or incorrect, click on the Address is DIFFERENT from Pay-To Physical Address and enter the address information, as described previously.

**Address 1**

**Address 2**
Enter the first line of the street address. Enter the second line of the street address, if applicable.

**ZIP Code**
Enter the ZIP code for this address. This automatically populates the city, county, state/province, and country. If a ZIP code falls within more than one city, a list of available city names for that ZIP code will display. Choose the correct city for this
address. If the correct city is not available in the list, ensure that you have entered the correct ZIP code in the previous field. If the city still is not found, contact Idaho Medicaid Provider Enrollment for assistance toll free at 1 (866) 686-4272 or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

Phone Number
Enter the phone number for this service location.

Fax Number
Enter the fax number, if available.

Set Same as Pay-To Physical Address
Click on this button and the Pay-To Physical Address fields will populate the Correspondence Mailing Address. If the address is not the same or incorrect, click on the Address is DIFFERENT from Pay-To Mailing Address and enter the address information, as described previously.

All information on the remainder of this screen will be used to populate the provider directory that will be located on the portal for public information, as in Figure 10-3.

Figure 10-3: Provider Directory

Additional Languages Spoken
Check all languages spoken at this service location, in addition to English.

Office Hours
Enter the hours of operation for you as the provider at this service location in HH:MM format, followed by A.M. or P.M. If this location is closed on a particular day, click the Closed box. The TO time cannot exceed 11:59 pm. Example, to enter time for a 24-hour office, enter 12:00 AM in the From Time box and 11:59 PM in the To Time box. After you enter these in the first day, you may copy and paste the contents to the other days.
Has Servicing Providers
A service provider is an employee of the facility. If you have employees in your facility, choose Yes, otherwise, choose No.

Handicap Accessible
If service location is handicap accessible, choose Yes, otherwise, choose No.

Accepting New Patients
If you are accepting new patients at this location, choose Yes, otherwise, choose No.

Patient Age
Indicate the youngest age (in years) for patients in the Min box and the oldest age (also in years) for patients in the Max box. The minimum age that can be entered is 0 and the maximum age that can be entered is 110 years.

Gender Restriction
Indicate whether you as the provider have no restrictions (None), accept Females Only, or Males Only at this location.

Return to Section 8 Navigation Buttons at the Bottom of the Screens for use of the buttons at the bottom of the screen.

Click the Next button to display the Provider Type and Specialty screen.

11. Provider Type and Specialty
After you specify the address and provider directory information, you must select and define the provider types and specialties that describe the provider’s practice at the current service location.

Figure 11-1: Provider Type & Specialty Screen

The example in Figure 11-1 shows this screen in its initial state. Depending on the selections you make from the Provider Type list and the Specialty list, this screen dynamically updates to include the appropriate fields necessary to enroll properly. Refer to
the **Provider Enrollment Requirements** document for licensure, certification, education, and/or other supporting documentation for the chosen provider type-specialty pair. Depending on the provider type and specialty chosen the required information may vary. Any fields on this screen marked with a red asterisk (*) must be completed.

When clicking on the specialty dropdown box, if the specialty you are looking for is not visible, please contact Idaho Provider Enrollment toll free at 1 (866) 686-4272 or in Boise at 1(208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

Once you have completed all required fields, select **Add This Specialty**. The provider type, provider specialty, and begin date are displayed.

Select **Next** when you are finished to display the **Affiliations** screen.

### 12. Service Location Summary

The **Service Location Summary** screen will display all service locations that are added during the enrollment process. All locations where services are provided must be disclosed in this section. You do not need to disclose a service location if the location where the services will be provided are billed under a separate NPI. A separate service location will need to be added for each separate specialty the provider will be billing. See Figure 12-1. For questions regarding adding service locations, contact Idaho Provider Enrollment toll free at 1 (866) 686-4272 or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

**Figure 12-1: Service Location Summary Screen**

![Service Location Summary Screen](image)

Click the **Next** button to continue.

**Do you want to add another Service Location?**

Select **Yes** if there are more and repeat the previous steps (see Section 10 Service Locations). Select **No** to continue to the **Primary Care Case Management** screen.
13. Programs Screen—Healthy Connections (PCCM)
The Primary Care Case Management program (PCCM) screen is used to collect information from providers who want to become a PCCM (Healthy Connections provider).

If your provider type and specialty designation is not eligible to become a PCCM, Figure 13-1 will display the message, *This Service Location type and specialty is not eligible for special programs*, and you may continue to the next screen *Facility Information*.

**Figure 13-1: Service Location Not Eligible**

If your provider type and specialty is eligible, the screen shown in Figure 13-2 displays.

**Figure 13-2: Participation in PCCM Program**

*Is this site interested in participating in the Primary Care Case Management (PCCM) program?*  
If you are not interested, choose **No** and continue to the next screen.  
If you are interested in becoming a Healthy Connections provider (PCCM), choose **Yes** and the *PCCM Information* screen will display, as shown in Figure 13-3.
To complete this screen, you will need to answer these questions.

**Is your practice open to Medicaid patients?**  
Choose **Yes** if this site is open to Medicaid patients, and respond to the questions showing in the *Open to Medicaid Patients* pop-up box, as shown in Figure 13-4 below.

If not, choose **No**.

**Unlimited**  
Choose if you do not have a limit to the number of Medicaid patients seen at this location.

**Limited**  
Choose **Limited** if you only accept a limited number of patients, and respond to the questions showing in the *Limited Patients* box, as seen on the next page in Figure 13-5.
Figure 13-5: Number of Patients Limited

<table>
<thead>
<tr>
<th>Service Location: OVERLAND</th>
<th>Enrollment Case #: 111110001</th>
<th>Status: NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your practice open to Medicaid patients?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Number of Medicaid patients accepted per month</td>
<td>Unlimited</td>
<td>Limited</td>
</tr>
<tr>
<td>Maximum number of Medicaid patients accepted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Number of Medicaid patients accepted per month**
Enter the number of Medicaid patients that your location can accept per month.

**Maximum number of Medicaid patients accepted**
Enter the number of maximum number of Medicaid patients that will be accepted at your location.

**Will you accept auto-assignment of patients?**
If you will accept auto-assignment of Medicaid patients choose Yes, otherwise choose No.

**Accept existing clinic patients only**
If you accept only existing clinic patients choose Yes, otherwise choose No.

**Clinic must be contacted prior to enrollment**
If the clinic needs to be contacted prior to enrollment choose Yes, otherwise choose No.

**Other Restrictions**
This section is used to identify any other restrictions this practice may have regarding new Medicaid members. Select any that apply:

**Pregnant Females Only**
Choose this if this provider renders this service at this location.

**Accept family members of existing patients**
Choose this if this provider will see family members of existing patients at this location.

**OB services available**
Choose this if this provider renders services to OB patients at this location.

**Other**
Choose this if this provider has restrictions not listed. Enter the other restrictions in the text box that is provided.

**Special Accommodations**
This section is used to describe additional services available through this provider. Select all that apply.
TDD phone
   Select Yes if a TDD (Telecommunication Device for the Deaf) phone is available at this location.

Interpretive services
   Select Yes if interpretive services are available at this service location.

Sign language
   Select Yes if sign language is available at this service location.

It is a requirement for all Healthy Connections (PCCM) providers to have 24-hour coverage for their Medicaid patients.

After Hours Phone #
   Enter the after hours telephone number for the provider(s).

After Hours Coverage
This section indicates how the after hours coverage is provided. Indicate how after hours coverage is provided.

Answering machine which directs patients to a medical professional
   Select this if the answering machine at the service location directs patients to a medical professional.

Answering service
   Select this if the service location uses an answering service.

On-call physician
   Select this if the service location has an on-call physician.

On-call nurse
   Select this if the service location has an on-call nurse.

Alternative
   Select this if the after hour’s coverage is covered in an alternative way.

NPI/Medicaid IDs of covering Medicaid Providers

   Enter the NPI/Medicaid ID of all Covering Medicaid Providers by entering one and selecting Add, and then continuing to enter in that same way until they are all added (Figure 13-6).

Figure 13-6: Add Medicaid Provider IDs
If you add a Medicaid provider ID and want to remove it from the list, highlight that ID and Select **Delete**. When you have finished adding all covering Medicaid provider IDs, Select **Next**.

If you do not have the NPI of a covering provider, select the link below the field labeled **Link to CMS NPI Registry**, and you will be re-directed to the CMS NPI Registry where you can search for the provider and obtain their NPI to enter in the field.

Refer to Section 8 **Navigation Buttons at the Bottom of the Screens** for use of the buttons at the bottom of the screen.

Select **Next** once all providers have been entered.

### 14. Facility Information

The **Facility Information** screen captures information specific to a service location. Please refer to the section below that describes your facility type.

If you do not fall into any of these categories, you can skip this section and go to *Specify Rendering Providers*. These screens pertain only to the following types of providers.

- **Section 14.1 Hospital**
- **Section 14.2 Home Health Agency**
- **Section 14.3 Clinical Medical Laboratory**
- **Section 14.4 Adult Day Care Services**
- **Section 14.5 All Ambulance Specialties**
- **Section 14.6 Skilled Nursing Facility**
- **Section 14.7 Hospice Agency**
- **Section 14.8 Suppliers**

#### 14.1. Hospital

This facility screen will display information specific to hospitals, such as in Figure 14-1, plus a description of the fields on the screen.
### Fiscal Year Term Date
Indicate the date in the following format: MM/DD (month and day only).

### Total Number of Licensed Hospital Beds
Enter the number of licensed hospital beds for this facility.

**If applicable, select the one practice definition that best describes your hospital.**

**Are you Medicare Certified Transplant Facility**
- If No, click the **Next** button and continue to the next screen.
- If Yes, choose all that apply. Click **Next**

### 14.2. Home Health Agency
This **Facility** screen will display information specific to Home Health Agencies (Figure 14-2).

Select one definition that best describes your practice.
14.3. **Clinical Medical Laboratory**

This facility screen will display information specific to Clinical Medical Laboratory (Figure 14-3).

Select one definition that best describes your practice.

**Figure 14-3: Facility Information Screen - Laboratory**
14.4. **Adult Day Care Services, Developmental Disability Agencies, Certified Family Homes, Residential Assisted Living Facilities, and Residential Habilitation Agencies**

Adult Day Care Services are considered a structured day program, outside the home of the participant that offers one or more of a variety of social, recreational, health activities, supervision for safety, and assistance with activities of daily living.

This facility screen will display information specific to Adult Day Care Services (Figure 14-4).

**Figure 14-4: Facility Information Screen - Adult Day Care Services**

![Facility Information Screen - Adult Day Care Services](image)

Will Adult Day Care be provided at this location?
Select **Yes** or **No**.

14.5. **All Ambulance Specialties**

This facility screen will display information specific to All Ambulance Specialties (Figure 14-5) Ambulance Transportation, Air Ambulance, and Emergency and Non-Emergency Ambulance Transportation.
Select one definition that best describes your practice.

14.6. **Skilled Nursing Facility**
This facility screen will display information specific to Skilled Nursing Facilities (Figure 14-6).

Please select the practice definition that best fits your Skilled Nursing Facility.

14.7. **Hospice Agency**
This facility screen will display information specific to Hospice Agencies (Figure 14-7).
Figure 14-7: Facility Information Screen - Hospice

Please select the practice definition that best fits your Hospice.

14.8. Suppliers – All Pharmacy Specialties

This facility screen will display information specific to Pharmacy specialties (Figure 14-8).

Figure 14-8: Facility Information Screen - Pharmacy

Please select the practice definition that best fits your Pharmacy.

Is this a 340B Pharmacy?

Select Yes or No, and click Next to proceed to the next screen.
After adding a service location, when you click **Next**, another pop-box appears asking if you want to add a service location, as shown in Figure 14-9.

**Figure 14-9: Navigation Choice**

If you select **No**, you will be directed to the Rendering Provider screen.

If you choose **Yes**, another pop-up box appears as shown in Figure 14-10.

If you answered **Yes** incorrectly, you can select **No, I'm Done**, to be directed to the Rendering Provider screen, as in Figure 14-10.

**Figure 14-10: Add Service Location**

If you need to add another service location, enter a unique name in the **Site Name** field. You can copy information from a previous service location by clicking on the down arrow in the **Copy From** field and choosing the location that you would like to copy the information from. You can enter all new information for the service location by leaving `<New>`.

15. **Rendering Providers**

Figure 15-1 is used to add rendering providers who will be affiliated to this facility. The Rendering Provider screen will display for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Service (IHS) providers.

**Figure 15-1: Search for Rendering Provider**
In the Provider ID Type field, you will choose NPI. Enter the NPI in the Provider ID (NPI) field. Click Search. The Rendering Provider screen is displayed.

### 15.1. Adding a Rendering Provider

Each rendering provider must be added in order to affiliate them properly to your service locations. Complete the required information as described.

**Figure 15-2: Rendering Provider Screen**

The rendering provider’s information is pre-populated in the field boxes as shown in Figure 15-2: Rendering Provider Screen.

Validate all information in the following fields is correct. If not, update the information in the appropriate field.

- First Name
- Last Name
- Address 1
- Address 2 (if applicable)
- ZIP/Postal Code
  - Validate/update the ZIP code for this address. This will automatically populate the city, county, state/province, and country. If a ZIP code falls within more than one city, a list of available city names for that ZIP code will display. Choose the correct city for this address. If the correct city is not available in the list, ensure that you have entered the correct ZIP code in the previous field. If the city still is not found, contact Idaho Medicaid Provider Enrollment toll free at 1 (866) 686-4272 for assistance or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

These fields will auto-populate based on the ZIP code entered above.

- City
- County
- State
- Country

The following information for the rendering provider is not required, but should be entered, if possible.

- E-mail
- Gender
- Primary Phone
- Fax
- Emergency Phone
**Status**

This will auto-populate. If the provider is enrolled with Idaho Medicaid, the **Status** will show ENROLLED and all information will be pre-populated from the rendering provider’s initial enrollment. If the provider is not enrolled in Idaho Medicaid, the **Status** will display as NEW and the information will be pre-populated from the NPPES database.

Click **Next** to proceed to the **Rendering Provider Type & Specialty Screen** as shown in Figure 15-3.

**Figure 15-3: Rendering Provider Type & Specialty**

The rendering provider type is pre-populated and cannot be modified if the provider is already enrolled with Idaho Medicaid. If the provider type displayed is incorrect, please contact Idaho Provider Enrollment toll free at 1 (866) 686-4272 or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

The specialty is pre-populated if the provider is already enrolled with Idaho Medicaid. Only the provider types of Allopathic and Osteopathic Physician and Physician Assistants & Advanced Practice Nursing Providers can modify the specialty field. For all other individual providers, the specialty field is non-modifiable.

**Allopathic and Osteopathic Physicians and Physician Assistants & Advanced Practice Nursing Providers ONLY**

Use the following steps to modify the provider specialty.

1. Click on the specialty you would like to modify. This opens up all current credentialing information for this provider specialty.

2. **Specialty**
   
   Click on the down arrow in the specialty drop-down box, and choose the appropriate specialty for this provider.

3. **Begin Date**
   
   Enter a begin date in the **Begin Date** field in the MM/DD/YYYY format. This will display the credentialing fields that are required and optional for the provider specialty chosen.

4. **Add this Specialty**
   
   Click on this when all fields are entered. This will populate the table at the top of the page with the specialty and begin date information just added.

Continue this process until all of the specialties are added to the **Specialties** box.
If you want to view the credentialing information for the specialties, simply click on the specialty you want to view, and the credentialing information will be displayed. If no changes need to be made, click Cancel Edit. If changes are made, click Save This Specialty.

Click Next when you are finished.

**For ALL Providers**
The Provider Type and Specialty screen displays the current credentialing information on file for you. Follow these steps to verify that the information is correct and update, if necessary. Any fields on this screen marked with a red asterisk (*) must be completed. The complete list of fields are described below.

**Provider Type**
Enter the appropriate provider type for the rendering provider.

**Specialty**
Select the appropriate specialty for the rendering provider. Enter the begin date in MM/DD/YYYY format. You will not enter a term date for the specialty during enrollment.

**License #**
Enter the correct license number for the rendering provider. Enter the begin date in MM/DD/YYYY format.

**Certificate #**
Enter the correct certificate number for the rendering provider. Enter the begin date in MM/DD/YYYY format.

**CLIA #**
Enter the correct CLIA number for the rendering provider. Enter the begin date in MM/DD/YYYY format, term date in MM/DD/YYYY format, and level (if applicable). Optional: You can enter the expiration of the CLIA number.

**DEA #**
Enter the correct DEA number for the rendering provider. Enter the begin date in MM/DD/YYYY format, term date in MM/DD/YYYY format, and level (if applicable). Optional: You can enter the expiration of the DEA number.

**JCAHO verification**
Enter the correct JCAHO verification for the rendering provider. Enter the begin date in MM/DD/YYYY format. You will not enter a term date for JCAHO during enrollment.

**Medicare Certification #**
Enter the Medicare Certification number for the rendering provider. Enter the begin date in MM/DD/YYYY format. You will not enter a term date for a Medicare Certification number during enrollment.

**Insurance #**
Enter the correct insurance number for the rendering provider. Enter the begin date in MM/DD/YYYY format, term date in MM/DD/YYYY format, carrier, per-claim amount,
and coverage limit (if applicable). You will enter a term date in the instances when your policy has an expiration date.

**Add This Specialty**
If you entered information on this screen, select this button after you have completed the required fields. The provider type, provider specialty, and begin date are displayed.

Click **Next** when you are finished; this will display the **Affiliations** screen.

For questions on the provider type or provider specialty descriptions, contact Idaho Medicaid Provider Enrollment toll free at 1 (866) 686-4272 or in Boise at 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

### 15.2. **Affiliations**

Once all of the rendering providers have been added, you will affiliate each provider to the service locations. Affiliating a rendering to a service location allows for you to bill with individual renderings to a specific location(s). The service locations you entered will display on this screen as in Figure 15-4, which is displayed below.

**Figure 15-4: Affiliations**

![Affiliations Screen Screenshot]

Complete the information on this screen using the descriptions that follow.

**Has this person ever been sanctioned, excluded, or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program (42 CFR 455.106)?**

If the provider has ever been **Sanctioned**, **Excluded**, or **Convicted** (past or present), choose **Yes** and then check all that apply, as in Figure 15-5.

**Figure 15-5: Sanctioned, Excluded, Convicted**

![Sanctioned, Excluded, Convicted Checkboxes]

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*Last Updated: 1/11/2019*
If the provider has not been sanctioned, excluded or convicted, choose No.

**Affiliated**
Check the box for each service location where this provider renders services.

**Begin Date**
Enter the begin date in MM/DD/YYYY format.

Select **Next** to continue.

If you have multiple rendering providers, the next rendering provider’s information will display for validation. Continue with all of the steps above from Section 13 until you have completed the updates on all of the rendering providers.

If there are no additional rendering providers to validate, a pop-up box asks *Do you want to add another Rendering Provider?*, as in Figure 15-6.

**Figure 15-6: Navigation Choice**

If you need to add additional rendering providers, click **Yes**. Return to section **15 Rendering Providers** for more information.

If you choose **No**, you will continue on to the Financial Agreement screen.

**16. Financial Agreement**
The Financial Agreement screen (Figure 16-1) captures all information needed for a provider to use the direct deposit feature. If you elect Electronic Funds Transfer (EFT), a copy of a voided check will be required to confirm the checking account information. If the deposits will be going to a savings account, you will need a signed letter from your bank confirming the savings account information.

**Note:** Prior to enrolling for EFT, be sure to contact your financial institution to arrange for the delivery of CORE required minimum CCD+ data elements necessary for successful reassociation of the EFT payment with the electronic remittance advice.

Choose **Next** to continue to the Documentation screen. If you select **No**, the fields will remain dimmed.
To set up your EFT, complete the required fields using the following information.

**Account Number**
 Enter the number of the account you want your funds transferred to. Refer to Figure 16-2 to determine the Account Number.

**Type of Account**
 Select either checking or savings from the drop-down box.

**Name On Account**
 Enter the name of the person who will receive the electronic funds.

**Routing Number**
 Enter the routing number on the account; refer to Figure 16-2 to determine the routing number.

**Financial Institution Phone Number**
Enter the telephone number of the bank you are using for EFT.

**Effective Date**
Enter the effective date in MM/DD/YYYY format.

**Financial Institution Name**
Enter the name of the bank that you are using for EFT.

**Financial Institution Street Address 1**

**Financial Institution Street Address 2**
Enter the first line of the street address.
Enter the second line of the street address, if applicable.

**ZIP Code**
Enter the ZIP or postal code for this address. This will automatically populate the city, county, state, and country.

17. **Submit Required Documentation**
The *Documentation* screen displays all of the documentation that must be submitted to complete your enrollment. As a provider, you must read each document, enter the required information, print, sign, and submit the document for confirmation that you have read and agree to the terms and conditions. The *Documentation* screen will display as shown in Figure 17-1.

**Figure 17-1: Documentation Screen**
The **Signatory Name** must be an individual that is authorized on behalf of the provider, to electronically sign and submit the enrollment application. This name will populate on the Medicaid Provider Agreement and the Electronic Provider Enrollment Application Acknowledgement forms.

**Signatory Name**

Enter the name of the authorized individual.

**Signatory Title**

Enter the title of the authorized individual.

Every provider is required to submit the following documents. Each of these documents must be uploaded and electronically submitted, mailed, e-mailed, or faxed to DXC Technology.

- **Medicaid Provider Agreement** with appropriate **Additional Terms**
  - You must preview the Medicaid Provider Agreement by clicking in the last column on the button **Review Before Signing** to open the document.
  - Click on **Sign Electronically**.

- **Electronic Provider Enrollment Application Acknowledgement**
  - You can preview the Electronic Provider Enrollment Application Acknowledgement by clicking in the last column on the button **Review Before Signing** to open the document.
  - Click on **Sign Electronically**.

- **W-9**
  - You can download this document to upload back up to the website, or download to mail or fax in. Instructions follow this section.

- **Ownership and Criminal Conviction Form**
  - You can download this document to upload back up to the website, or download to mail or fax in. Instructions follow this section.

- **Group Affiliation Roster (Only required if Rendering Providers were added)**
  - You can download this document to upload back up to the website, or download to mail or fax in. Instructions follow this section.

- If you entered EFT information, the **Authorization for Electronic Funds Transfer** will display, and must be signed, dated, and submitted along with a voided check or a statement from the bank verifying the Transit ABA number and account number.

### 17.1. **Upload a Document to the Web site**

To upload a document, use the following steps.

1. **Download**
   a. In the **Download for Submission** column, for each document you wish to submit electronically, click **Download**.

2. **Print**
   a. Once the document displays, select the print icon on your screen. Once you have printed and entered the information on the document, you will need to scan the document and save it to your computer.

3. **Upload**
   a. In the **Method of Submission** field, select the **Upload** button. This will bring up a box to choose the correct file and upload the document. Find the document, and click on **Open** to upload it, as shown in Figure 17-2.
4. **View**  
   a. You can now click **View** in the **Submitted/Signed Documents** column to view the document you uploaded.

### 17.2. Mail, E-mail, or Fax in a Document

To mail or fax in a document, follow these steps.

1. **Download**  
   a. In the **Download for Submission** column, click **Download** for the document you wish to mail or fax.

2. **Print**  
   a. Once the document displays, click the **Print** icon on your screen. Print and enter the information in the document.

3. **Mail In**  
   a. In the **Method of Submission** field, click the **Mail In** radio button. This selection will be for documents you mail or fax in.

The cover sheet must be placed on the top of documents you are faxing or mailing to DXC Technology Provider Enrollment to ensure that all documents get attached to your electronically submitted application.

Mail documents to DXC Technology at:  
**DXC Technology-New Provider Enrollment**  
PO Box 70082  
Boise, ID 83707

Fax documents to Idaho Medicaid Provider Enrollment at DXC Technology:  
**1 (877) 517-2041**

E-mail documents to Idaho Medicaid Provider Enrollment at DXC Technology:  
**IDProviderEnrollment@Molinahealthcare.com**

For additional questions, you may also call: toll free 1 (866) 686-4272 or in Boise call 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.
17.3. **Submit**

Once you are finished printing or uploading all of your documents, select **Submit**. Figure 17-3 displays the final screen.

An e-mail will be sent to the e-mail address from the **Security Login** screen notifying you that the application has been submitted.

**Figure 17-3: Summary Screen**

![Summary Screen Image]

If you have any questions regarding this process, please do not hesitate to call Idaho Medicaid Provider Enrollment to speak with a Provider Enrollment Specialist toll free at 1 (866) 686-4272 or in Boise 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

Thank you for your participation in the Medicaid Program. The care you provide to Idaho’s Medicaid participants is greatly appreciated.