



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Provider Enrollment Guide-Group

for

State of Idaho MMIS



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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.

The *Provider Enrollment Guide - Group* describes the enrollment process for you as a Group provider.

A Group provider is one or more rendering providers that provide services within a group and submit claims under the group NPI and the group's tax ID.

Figure 1-1 displays the provider type for specialties that are considered Group. 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, 7:00 A.M. to 7:00 P.M. MT.

Figure 1-1: Group Provider Types and Specialties

Health PAS Provider Type	Health PAS Provider Specialty
Group of Providers	Single Specialty
	Multi-Specialty

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 Group 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 - Facility**
 - A building or place that provides services.

A glossary of acronyms and terms can be located in the Provider Handbook, Glossary, on the Idaho 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)
 - 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 gero-psychiatric 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.

3. System Requirements

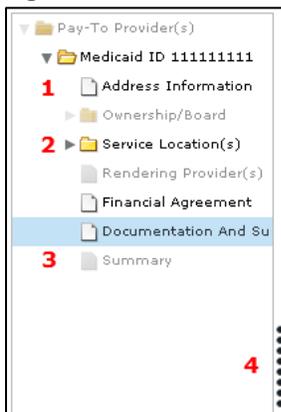
To use all features of the provider portal successfully, ensure that your computer system meets the following minimum requirements:

- Internet Explorer 6.0 above or Firefox
- 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/>
- 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.

Figure 4-1: Menu



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 toSelecting **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 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).

Figure 4-2: Increase Text Size



Note: While navigating through the application, do not use **Back** in your browser. It will take you out of the application, and you will have to log in again to continue.

5. Getting Started

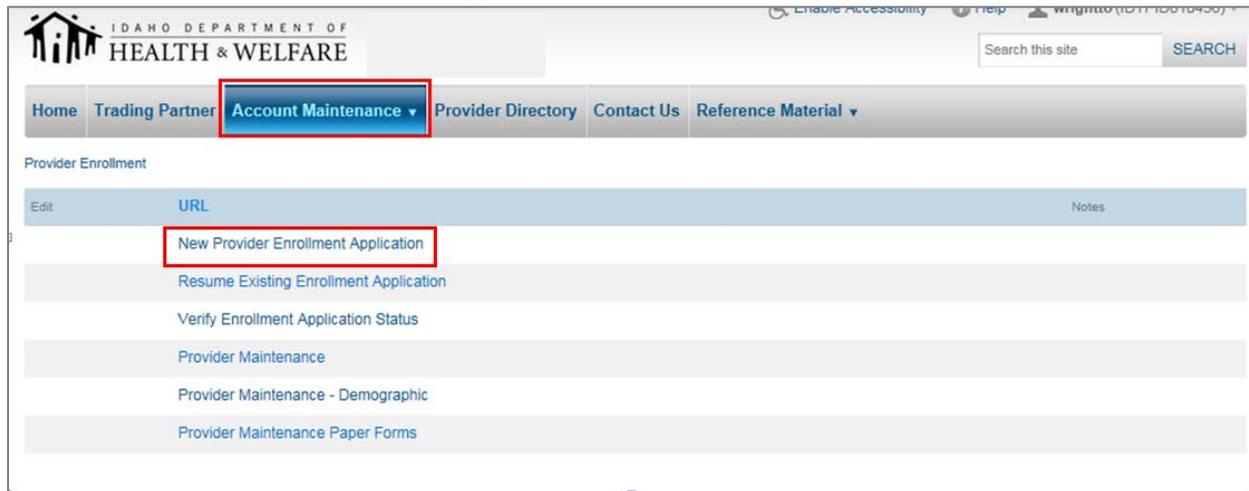
To start your enrollment you must sign in to the Idaho DXC Technology Medicaid website at www.idmedicaid.com. Once you are signed in, hover over the **Account Maintenance** tab and Select **Provider Enrollment** (Figure 5-1).

Figure 5-1: Provider Enrollment Link



A list of Provider Enrollment links will display. Select **New Provider Enrollment Application** (Figure 5-2) to open the Provider Enrollment Application.

Figure 5-2: New Provider Enrollment Application



6. Security Login Information

The first step in the enrollment process is to create a secure login 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 that screen.

Figure 6-1: Security Login Screen

 The screenshot shows the 'Idaho Provider Enrollment Security Log In' screen. It features a blue header with the text 'Idaho Provider Enrollment' and an 'Increase Text Size' button. Below the header, there is a 'Pay-To Provider(s)' section on the left. The main content area is titled 'Security Log In' and contains the following text: 'Welcome to Idaho Provider Enrollment', 'Please review the User Guides for complete instructions', and 'For assistance with the enrollment process, contact a Provider Representative at (866) 686-4272.' Below this text are several input fields: 'Email Address *' with the value 'group@mail.com', 'Retype Email Address *' with asterisks, 'Enumerated with NPI Registry as *' with a dropdown menu set to 'Organization', 'Enrollment Type *' with a dropdown menu set to 'Group', 'Pay-To National Provider Identification # (NPI) *' with an empty field, 'Tax ID Type *' with a dropdown menu set to 'FEIN', 'FEIN *' with asterisks, and 'Retype FEIN *' with asterisks. At the bottom right, there is a 'Start Enrollment' button.

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 Email 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 drop-down includes **Individual**, **Organization**, and **No NPI**. Because you are enrolling as a Group, you will choose **Organization**.

Enrollment Type

Choose **Group**. The next field's name will change based on the option that you chose from the dropdown list.

Pay-To National Provider Identification # (NPI)

Enter your NPI.

Tax ID Type

Choose either **SSN** or **FEIN** and enter that information into the box. An SSN is assigned to an individual in their own name, and 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.

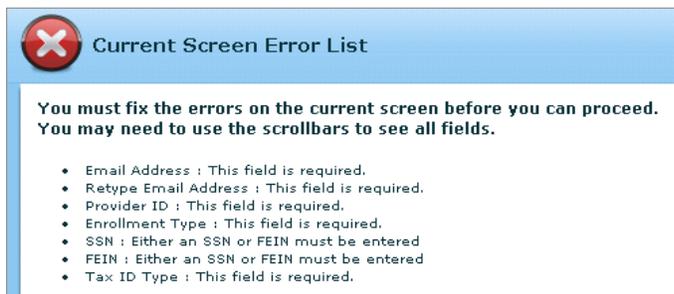
Retype

Retype your SSN or FEIN. It must match what you entered in the field above. Select **Start Enrollment**. The *Business Information* screen will appear.

7. Tips, Error Messages, and Notices

If you have missed any required fields, you will receive an error message showing what you need to complete (Figure 7-1).

Figure 7-1: Current Screen Error List



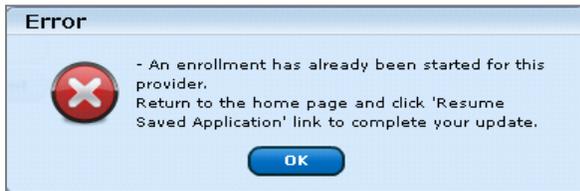
Required fields will be outlined in red and flagged (Figure 7-2) if you have not completed the information.

Figure 7-2: Required Field Notice



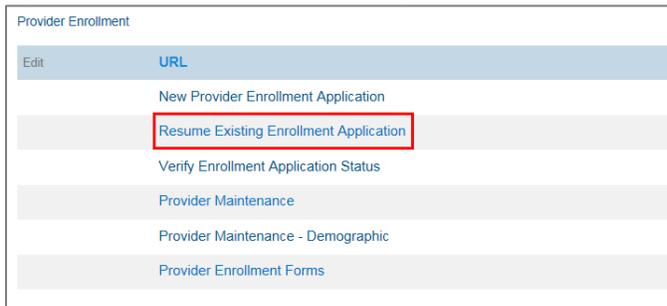
If you have previously started your enrollment the following error (Figure 7-3) will be displayed.

Figure 7-3: Error Message



Select **OK** to close the error message and Select **Resume Existing Enrollment Application** to complete the application process. Refer to *Section 5 Getting Started*, in this guide.

Figure 7-4: Resume Enrollment Application



8. Complete the Pay-To Provider Segment

8.1. ***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, group name, and captures the office contact information, primary, secondary, emergency, mobile and fax numbers for your office (Figure 8-1).

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 pre-populated. 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 NPES database as well at <https://npiregistry.cms.hhs.gov/> since this is where the pre-populated information was extracted from.

Figure 8-1: Business Information Screen

Multiple header fields appear on every enrollment screen for the remainder of the process. These are displayed in Figure 8-2 and described on the next page.

Figure 8-2: Header Fields

Header Field Descriptions

- **Pay-To Provider Name:**
 - Since you entered an NPI on the security screen, this field will display the provider name extracted from the NPPES database.
- **Enumerated As:**
 - The enumeration designation from the initial screen: Since you entered an NPI on the security screen, **Organization** will be displayed in this field.
- **Pay-To Provider ID:**
 - The NPI entered on the security screen will display.
- **Enrollment Case #:**
 - 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:**

- 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

The 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.

Please check if you need to update the name

Once checked, the **Organization Name** field can be updated. Make sure to update the CMS NPI Registry with the updated name information at <https://npiregistry.cms.hhs.gov/>.

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.

9. Navigation Buttons at the Bottom of the Screen

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

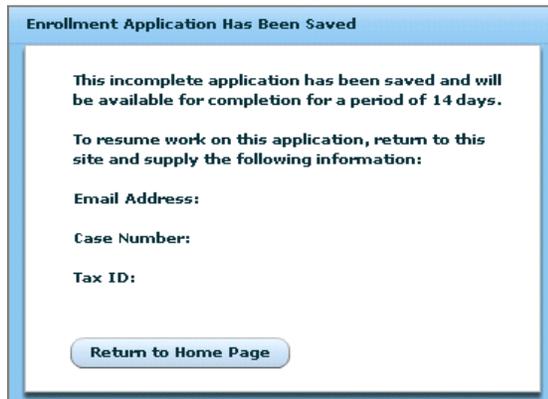
Click this button to navigate back to the previous screen.

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 9-1.

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 9-1: 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 (Figure 9-2) will display 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 9-2: Enrollment Application Cancel Pop-up Box



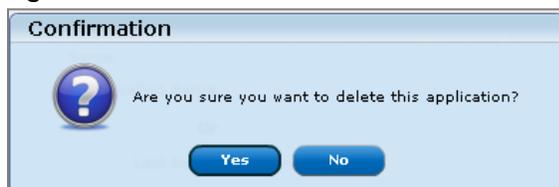
Delete

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 9-3 will confirm that you want to delete the application.

Figure 9-3: Enrollment Application Cancel



Figure 9-4: Confirmation to Delete



Note: Select **Delete** to exit without saving changes

10. Address Information

On the *Address Information* screen (Figure 10-1), you will verify the **Pay-To Physical Address** and **Pay-To Correspondence Mailing Address** for the Group. 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. 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 10-1 and the field descriptions immediately following the figure.

Figure 10-1: Address Information Screen

Pay-To Physical Address

Pre-populated with the physical address of where the provider group is located.

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 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 toll free at 1 (866) 686-4272 for assistance or in Boise at 1 (208) 373-1424, Monday through Friday, 7:00 A.M. – 7:00 P.M. MT.

Pay-To Correspondence Mailing Address

Pre-populated with the mailing address of the pay-to provider. This is the address where correspondence is mailed for this physical address.

Set Mailing Address same as Pay-To Physical

Select **Pay-To Correspondence Mailing Address** to auto-populate fields with **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-pdf/fw9.pdf under Section 131 of the IRS Code. Select **Yes** or **No** for **Exempt Payee**.

Return to *Section 9 Navigation Buttons at the Bottom of the Screen* for use of the buttons at the bottom of the screen. After selecting the **Next** button, the *Ownership/Board* screen appears.

11. Service Location(s)

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 11-1: 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 11-2.

Figure 11-2: Service Location Screen

Day of Week	Closed?	Open From Time	To Time
Monday	<input type="checkbox"/>	12:00AM	11:59PM
Tuesday	<input type="checkbox"/>	12:00AM	11:59PM
Wednesday	<input type="checkbox"/>	12:00AM	11:59PM
Thursday	<input type="checkbox"/>	12:00AM	11:59PM
Friday	<input type="checkbox"/>	12:00AM	11:59PM
Saturday	<input type="checkbox"/>	12:00AM	11:59PM
Sunday	<input type="checkbox"/>	12:00AM	11:59PM

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

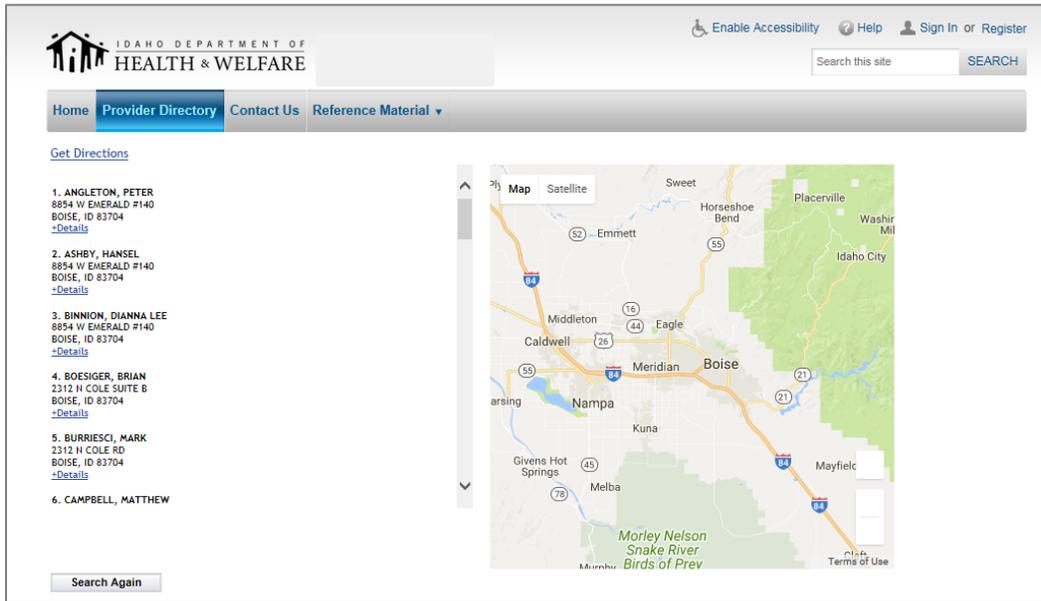
Enter the fax number, if available.

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 11-3.

Figure 11-3: 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 9 Navigation Buttons at the Bottom of the Screen* for use of the buttons at the bottom of the screen.

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

12. 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 12-1: Provider Type & Specialty Screen

The screenshot shows the 'Provider Type & Specialty' screen. At the top, it says 'Enumerated As:' and 'Status: NEW'. Below that, there are fields for 'Location:', 'Enrollment Case #:', and 'Status: NEW'. The main section is titled 'Specialties' and contains a table with the following columns: 'Provider Type', 'Specialty', 'Begin Date (MM/DD/YYYY)', and 'Term Date (MM/DD/YYYY)'. Below the table, there are two dropdown menus: 'Provider Type' and 'Specialty'. The 'Specialty' dropdown has a red asterisk next to it and the text 'Please select a Specialty'. To the right of the dropdowns are three input fields: 'Begin Date (MM/DD/YYYY)', 'Term Date (MM/DD/YYYY)', and 'Level'. Below these fields are two buttons: 'Add This Specialty' and 'Cancel Add'. At the bottom of the screen, there are four buttons: 'Next', 'Previous', 'Save and Close', and 'Cancel'.

The example in Figure 12-1 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 *Programs* screen.

13. Programs Screen—Healthy Connections (PCCM)

The *Primary Care Case Management (PCCM)* program screen is used to collect information from providers who want to become a PCCM (Healthy Connections provider).

For all Group provider specialties, the PCCM (Healthy Connections) screen below will display (Figure 13-1).

Figure 13-1: Programs

If you are interested in becoming a Healthy Connections provider (PCCM), choose **Yes** and the *PCCM Information* screen will display (Figure 13-2). If you are not interested, choose **No**.

Figure 13-2: PCCM Information Screen

Answer the following questions to provide more information for the Healthy Connections program. Additional fields may appear when your response requires more information. These additional fields are explained next.

Is your practice open to Medicaid patients?

Choose **Yes** if this site is open to Medicaid patients, and then respond to the additional questions (Figure 13-3). If not, choose **No**.

Figure 13-3: Open to Medicaid Patients?

Unlimited

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

Limited

Choose **Limited** if you accept only a limited number of patients, and then respond to the questions that refer to the number of patients (Figure 13-4).

Figure 13-4: Number of Limited Patients

Is your practice open to Medicaid patients? * Yes No

* Unlimited Limited

Number of Medicaid patients accepted per month * 0

Maximum number of Medicaid patients accepted * 0

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 **Other** 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 any that apply.

TDD phone

Choose **Yes** if a TDD phone is available at this location.

Interpretive services

Choose **Yes** if interpretive services are available at this service location.

Sign language

Choose **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

Choose this if the answering machine at the service location directs patients to a medical professional.

Answering service

Choose this if the service location uses an answering service.

On-call physician

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

On-call nurse

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

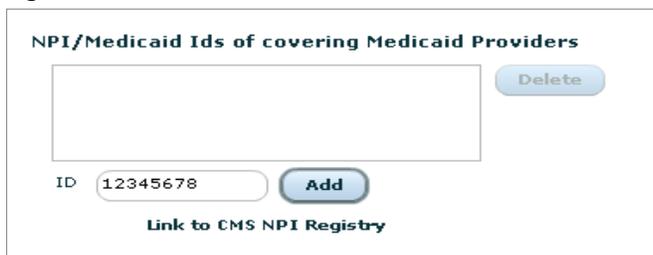
Alternative

Choose this if the after hour's coverage is covered in an alternative way.

NPI/Medicaid IDs of Covering Medicaid Providers**ID**

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 13-5).

Figure 13-5: Add Medicaid Provider IDs



The screenshot shows a web form titled "NPI/Medicaid Ids of covering Medicaid Providers". At the top right is a "Delete" button. Below it is a large empty rectangular box. At the bottom left, there is an "ID" label followed by a text input field containing "12345678" and an "Add" button. Below the input field is a link that says "Link to CMS NPI Registry".

If you add a Medicaid provider ID and want to remove it from the list, highlight that ID and click **Delete**. When you have finished adding all covering Medicaid provider IDs, click **Next**.

If you have no covering providers, click **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 9 *Navigation Buttons at the Bottom of the Screen* for use of the buttons at the bottom of the screen.

Click the **Next** button once all providers have been entered.

Navigation Choice

A pop-up box will appear asking if you want to add another service location (Figure 13-6).

Figure 13-6: Navigation Choice

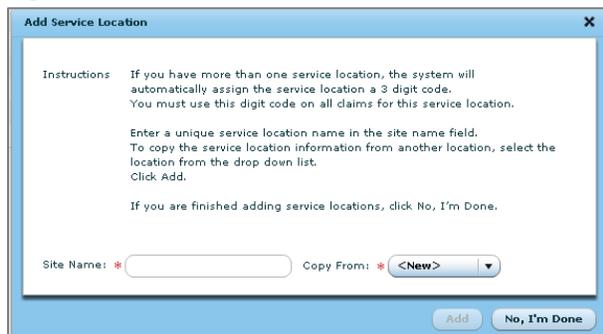


If you select **No**, you will be directed to the Rendering Provider screen.

If you choose **Yes**, another pop-up box appears as shown in Figure 13-7.

If you answered **Yes** incorrectly, you can select **No, I'm Done**, to be directed to the *Rendering Provider* screen.

Figure 13-7: 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>**.

14. Rendering Provider

The *Rendering Provider* screen (Figure 14-1) is used to add rendering providers who will be affiliated to this group.

Figure 14-1: Search for Rendering Provider

Search for Rendering Provider

Instructions: Enter the Rendering Provider information. The application will check the current providers and the CMS NPI Registry and return this provider.

Provider ID Type * Please Select a Provider ID Type

Provider ID

Search No, I'm Done

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.

14.1. 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 14-2).

Figure 14-2: Rendering Provider Screen

Rendering Provider: (The Group Enumerated As: Organization)

Rendering Provider ID: NPI - 2222222222 Enrollment Case #: 111190006 Rendering Provider Status: UNKNOWN

First Name * JOHN NPI 2222222222

Last Name * PROVIDER Medicaid ID

Address 1 * 44 LONG STREET Email

Address 2 Gender * Male

ZIP/Postal Code * 83704 Phone * 2081111111

City * BOISE Fax 2081111112

County * ADA Emergency Phone

State * Idaho Status UNKNOWN

Country * United States

Next Previous Save and Close Cancel Delete

The rendering provider's information is pre-populated in the field boxes as shown in Figure 14-2.

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, 7:00 A.M. to 7:00 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 providers 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.

Select **Next** to proceed to the *Rendering Provider Type & Specialty* screen (Figure 14-3).

Figure 14-3: Rendering Provider Type & Specialty

Rendering Provider ID: NPI - 2222222222 Enrollment Case #: 111290003 Rendering Provider Status: PENDING RECEIPT OF DOCUMENTS

Specialties

To edit a specialty, select it (single click) from the list below.

All specialties marked for review must be edited and saved.

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
Respiratory, Developmental, Rehab and Restorative	Physical Therapist	09/01/2008	

Provider Type * Respiratory, Developmental, Rehab and Restorative Srvc Begin Date (MM/DD/YYYY) Term Date (MM/DD/YYYY) Level

Specialty * Please select a Specialty * Add This Specialty Cancel Add

Next Previous Save and Close Cancel

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, 7:00 A.M. to 7:00 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 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

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.

For more information regarding button functionality, return to section *9 Navigation Buttons at the Bottom of the Screen*

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

15. Affiliations

After each rendering provider has 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 (Figure 15-1).

Figure 15-1: Affiliations Screen

Affiliations & Legal Information (The Group Enumerated As: Organization)

Rendering Provider ID: NPI - 2222222222 Enrollment Case #: 111290003 Rendering Provider Status: PENDING RECEIPT OF DOCUMENTS

Legal Information

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)? Yes No

Please check all that apply. Sanctioned Excluded Convicted

Affiliations

Although this screen displays all Service Locations, some might not require the affiliation of Rendering Providers or be compatible with this Rendering Provider. This requirement depends on the Service Location's provider type and specialty.

Site Name	Affiliated?	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
* FAIRVIEW	<input type="checkbox"/>		
* OVERLAND	<input checked="" type="checkbox"/>	* 05/14/2001	

Next Previous Save and Close Cancel

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), Select **Yes** and then check all that apply, as in Figure 15-2.

Figure 15-2: Sanctioned, Excluded, Convicted

Please check all that apply. Sanctioned Excluded Convicted

If the provider has not been sanctioned, excluded or convicted, Select **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 14 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 15-3.

Figure 15-3: Navigation Choice



A dialog box titled "Navigation Choice" with a close button (X) in the top right corner. The main text inside the box asks, "Do you want to add another Rendering Provider?". At the bottom of the dialog, there are two buttons: "Yes" and "No".

If you need to add additional rendering providers, Select **Yes**. Return to section 14 *Rendering Provider* for more information.

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

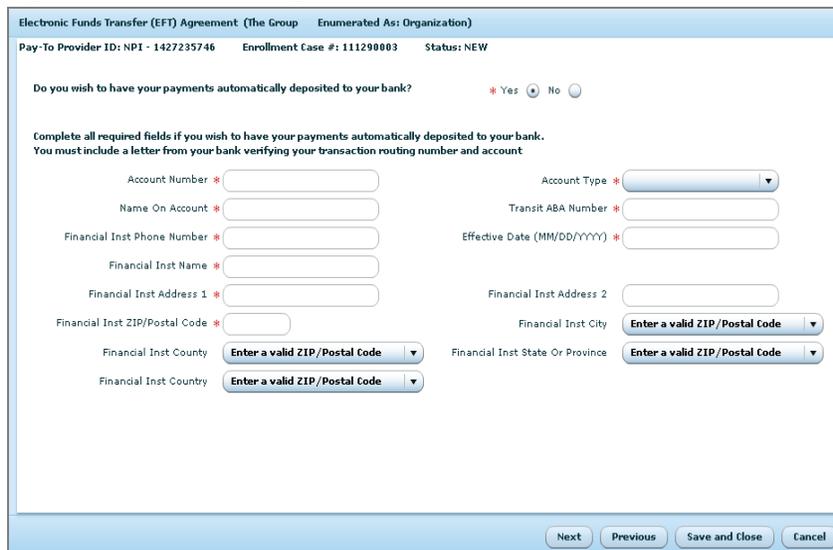
16. Financial Agreement

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.

Figure 16-1: Financial Agreement



The "Electronic Funds Transfer (EFT) Agreement" form for a group enumerated as an organization. It displays the following information and fields:

- Pay-To Provider ID: NPI - 1427235746
- Enrollment Case #: 111290003
- Status: NEW
- Question: "Do you wish to have your payments automatically deposited to your bank?" with radio buttons for "Yes" (selected) and "No".
- Instruction: "Complete all required fields if you wish to have your payments automatically deposited to your bank. You must include a letter from your bank verifying your transaction routing number and account"
- Required fields (marked with *):
 - Account Number
 - Name On Account
 - Financial Inst Phone Number
 - Financial Inst Name
 - Financial Inst Address 1
 - Financial Inst ZIP/Postal Code
 - Financial Inst County
 - Financial Inst Country
 - Account Type (dropdown menu)
 - Transit ABA Number
 - Effective Date (MM/DD/YYYY)
 - Financial Inst Address 2
 - Financial Inst City (dropdown menu with "Enter a valid ZIP/Postal Code" prompt)
 - Financial Inst State Or Province (dropdown menu with "Enter a valid ZIP/Postal Code" prompt)
- Buttons at the bottom: "Next", "Previous", "Save and Close", and "Cancel".

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.

Figure 16-2: Check Information

JOHN Q. CUSTOMER
1234 ANYWHERE LANE
SMALL TOWN, GA 12345

Date _____

0123

Pay To The Order Of _____ \$ _____

Dollars

Memo _____

⑆018273644⑆ 11 23 810029⑆ 0123

Routing Transit Number
018273644

Account Number
11 23 810029

Check Number
0123

Type of Account

Select either **Checking** or **Savings** from the dropdown 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. See 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

Enter the first line of the street address.

Financial Institution Street Address 2

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.

Select **Next** to continue to the *Documentation* screen.

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, attest to, 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, or faxed to DXC Technology.

- **Medicaid Provider Agreement** with appropriate **Additional Terms**
 - You must preview the Medicaid Provider Agreement by selecting **Review Before Signing** to open the document.
 - Select **Sign Electronically**.
- **Electronic Provider Enrollment Application Acknowledgement**
 - You can preview the Electronic Provider Enrollment Application Acknowledgement by Selecting **Review Before Signing** to open the document.
 - Select **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**

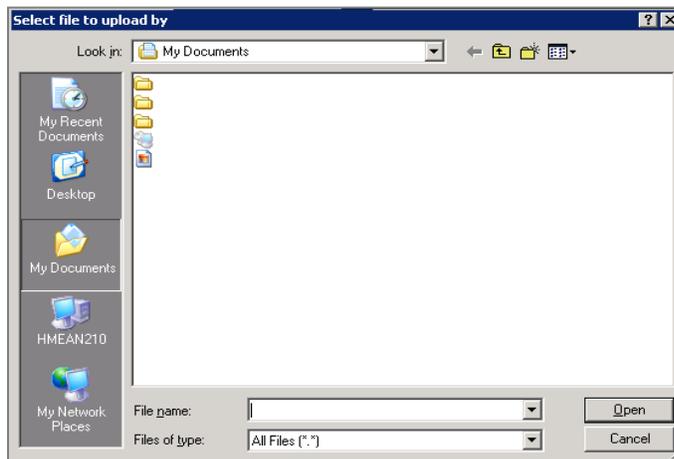
- You can download this document to upload back up to the website, or download to mail or fax in. Instructions follow this section.
- **Group Affiliation Roster**
 - You can download this document to upload back up to the website, or download to mail or fax in. Instructions follow this section.
- If 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 routing number and account number.

17.1. Upload a Document to the Website

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 Select **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.

Figure 17-2: Select File to Upload Box



4. **View**
 - a. You can now Select **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, Select **Download** for the document you wish to mail or fax.
2. **Print**

- a. Once the document displays, Select the **Print** icon on your screen. Print and enter the information in the document.
3. **Mail In**
- a. In the **Method of Submission** field, Select 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 the 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

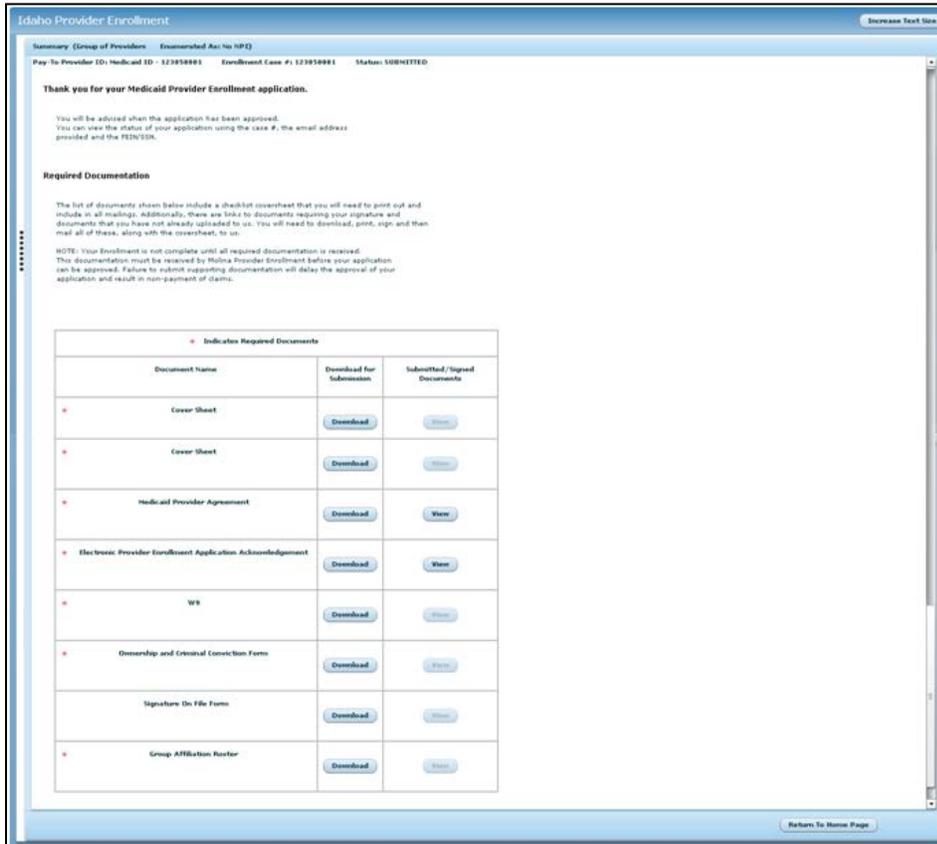
For additional questions, you may also call toll free 1 (866) 686-4272 or in Boise call 1 (208) 373-1424, Monday through Friday, 7:00 A.M. to 7:00 P.M. MT.

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



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 at 1 (208) 373-1424, Monday through Friday, 7:00 A.M. to 7:00 P.M. MT.

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