



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Provider Enrollment Guide - Individual

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 (TPA). Refer to the [Trading Partner Account \(TPA\) User Guide](#) for more information.

This *Provider Enrollment Guide - Individual* describes the enrollment process for you as an Individual provider.

An Individual provider is a person who will submit claims under their own personal NPI or Idaho Medicaid provider number and your tax ID. If you render services for a group, clinic, or agency that bills for your services under their provider number, **do not enroll as an individual**.

Figure 1-1 displays the provider types and specialties that are appropriate to an individual provider. 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, 8 am to 5 pm MT.

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.

Figure 1-1: Individual Provider Types and Specialties

Provider Type	Provider Specialty
Allopathic and Osteopathic Physician	<p>Allergy & Immunology (Allergy; Clinical & Laboratory Immunology)</p> <p>Anesthesiology (Addiction Medicine; Critical Care Medicine; Hospice & Palliative Medicine; Pain Medicine; Pediatric Anesthesiology)</p> <p>Colon & Rectal Surgery</p> <p>Dermatology (Clinical & Laboratory Dermatological Immunology; Dermatopathology; MOHS - Micrographic Surgery; Pediatric Dermatology; Procedural Dermatology)</p> <p>Emergency Medicine (Emergency Medical Services; Hospice & Palliative Medicine; Medical Toxicology; Pediatric Emergency Medicine; Sports Medicine; Undersea & Hyperbaric Machine)</p> <p>Family Medicine (Addiction Medicine; Adolescent Medicine; Adult Medicine; Bariatric Medicine; Hospice & Palliative Medicine; Sports Medicine; Geriatric Medicine)</p> <p>General Practice</p> <p>Internal Medicine (Addiction Medicine; Adolescent Medicine; Allergy & Immunology; Bariatric Medicine; Cardiovascular Disease; Clinical & Laboratory Immunology; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes & Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hematology & Oncology; Hepatology; Hospice & Palliative Medicine; Infectious Disease; Interventional Cardiology; Magnetic Resonance Imaging (MRI); Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology)</p> <p>Neurological Surgery</p> <p>Neuromusculoskeletal (Neuromusculoskeletal Medicine & OMM; Sports Medicine)</p> <p>Nuclear Medicine (In Vivo & In Vitro; Nuclear Cardiology; Nuclear Imaging Therapy)</p>

Provider Type	Provider Specialty
	<p>Obstetrics & Gynecology (Bariatric Medicine, Critical Care Medicine, Gynecologic Oncology, Gynecology, Hospice & Palliative Medicine, Maternal & Fetal Obstetrics; Obstetrics; Reproductive Endocrinology)</p>
<p>Allopathic and Osteopathic Physician</p>	<p>Ophthalmology</p> <p>Oral & Maxillofacial Surgery</p> <p>Orthopaedic Surgery (Adult Reconstructive Orthopaedic Surgery; Foot & Ankle; Hand; Orthopaedic Trauma; Pediatric; Spine; Sports)</p> <p>Otolaryngology (Facial Plastic Surgery; Plastic Surgery within the Head & Neck)</p> <p>Otolaryngology (ENT) (Otolaryngic Allergy; Otolaryngology/Facial Plastic Surgery; Otology & Neurotology; Pediatric; Sleep Medicine)</p> <p>Pathology (Anatomic & Clinical; Anatomic Pathology; Chemical; Clinical & Laboratory; Clinical Pathology; Cytopathologist; Dermatopathology; Forensic Pathology; Hematology; Immunopathology; Medical Microbiology; Molecular Genetic; Neuropathology; Pediatric)</p> <p>Pediatrics (Adolescent Medicine; Allergy & Immunology; Clinical & Laboratory Immunology; Critical Care Medicine; Developmental- Behavioral Pediatrics; Gastroenterology; Hospice & Palliative Medicine; Infectious Diseases; Medical Toxicology; Neonatal/Perinatal Medicine; Neurodevelopmental Disabilities; Pediatric Cardiology; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Hematology-Oncology; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology)</p> <p>Physical Medicine & Rehabilitation (Hospice & Palliative Medicine; Neuromuscular Medicine; Pain Medicine; Pediatric Rehabilitation Medicine; Spinal Cord Injury Medicine; Sports)</p> <p>Plastic Surgery (Hand; Head & Neck)</p> <p>Preventive Medicine (Medicine/Occupational Environmental Medicine; Occupational Medicine; Public Health & General Preventative Medicine)</p> <p>Psychiatry & Neurology (Addiction Psychiatry; Bariatric Medicine; Child & Adolescent Psychiatry; Clinical Neurophysiology; Diagnostic Neuroimaging; Forensic Psychiatry; Geriatric Psychiatry; Neurology; Neurology with Special Qualifications in Child Neurology; Neuromuscular Medicine; Psychiatry; Vascular Neurology)</p> <p>Radiology (Body Imaging; Diagnostic Neuroimaging; Diagnostic Radiology; Diagnostic Ultrasound; Hospice & Palliative Medicine; Neuroradiology; Nuclear; Pediatric Radiology; Radiation Oncology; Radiological Physics; Therapeutic Radiology; Vascular & Interventional Radiology)</p> <p>Surgery (Critical Care; Hand; Hospice & Palliative Medicine; Pediatric; Surgical Oncology; Trauma; Plastic & Reconstructive Surgery; Surgery-Vascular Surgery)</p> <p>Thoracic Surgery (Cardiothoracic Vascular Surgery)</p> <p>Transplant Surgery</p> <p>Urology (Pediatric Urology)</p>
<p>Behavioral Health & Social Service Providers</p>	<p>Social Worker (Clinical)</p> <p>DD Child Independent Crisis Intervention</p> <p>DD Child Independent Therapeutic Consultation</p>
<p>Chiropractic Providers</p>	<p>Chiropractor (Internist; Neurology; Nutrition; Occupational Medicine; Orthopedic; Pediatric; Radiology; Rehabilitation; Sports Medicine; Thermography)</p>

Provider Type	Provider Specialty
Dental Provider	Dentist (Endodontics; General Practice; Oral & Maxillofacial – Pathology, Radiology, Surgeons; Orthodontics & Dentofacial Orthopedics; Pediatric; Periodontics; Prosthodontics) Denturist
Dietary & Nutritional Service	Dietician Registered (Nutrition (Metabolic, Renal, Pediatric) PHA-Weight Management-Dietician
Eye & Vision Services	Optician Optometrist (Corneal & Contact Management; Low Vision Rehabilitation; Occupational Vision; Pediatrics; Sports Vision; Vision Therapy)
Nursing Service Providers	Diabetes Educator Registered Nurse -Independent (PDN)
Other Service Providers	Crossover Only Provider
Physician Assistants & Advanced Practice Nursing Providers	Certified Nurse Midwife Certified Registered Nurse Anesthetist Clinical Nurse Specialist (Adult Health; Chronic Care; Emergency; Family Health; Home Health; Long Term Care; Medical - Surgical; Neonatal; Neuroscience; Occupational Health; Oncology; Oncology, Pediatrics; Pediatrics; Perinatal; Perioperative; Rehabilitation; Transplantation; Women's Health) Clinical Nurse Specialist - Psych/Mental Health (Adult; Child & Adolescent; Child & Family; Chronically Ill; Community; Geropsychiatric) Nurse Practitioner (Acute Care; Adult Health; Community Health; Critical Care Medicine; Family; Gerontology; Neonatal; Neonatal, Critical Care; Obstetrics & Gynecology; Occupational Health; Pediatrics; Pediatrics, Critical Care; Perinatal; Primary Care; Psych/Mental Health; Women's Health), Physician Assistant (Medical; Surgical)
Podiatric Medicine & Surgery Service Providers	Podiatrist (Foot & Ankle Surgery; Foot surgery; General Practice; Primary Podiatric Medicine; Public Medicine; Radiology; Sports Medicine)
Respiratory, Developmental, Rehab & Restorative Service	Occupational Therapist (Pediatrics) Physical Therapist (Cardiopulmonary; Electrophysiology, Clinical; Ergonomics; Geriatrics; Hand; Human Factors; Neurology; Orthopedic; Pediatrics; Sports)
Speech, Language and Hearing Service Providers	Audiologist (Assistive Technology Practitioner; Assistive Technology Supplier; Hearing Aid Fitter) Hearing Aid Vendor Speech-Language Pathologist
Technologists, Technicians & Other Tech Service Providers	Radiologic Technologist (Bone Densitometry; Cardiac - Interventional Technology; Cardiovascular Interventional Technology; Computed Tomography; Mammography; Quality Management; Radiation Therapy; Sonography; Vascular - Interventional Technology; Vascular Sonography) Radiology Technologist (Magnetic Resonance Imaging; Nuclear Medicine Technology; Radiography) Spec/Tech, Cardiovascular (Invasive Specialist; Sonography; Vascular Specialist) Specialist/Technologist – EEG

Provider Type	Provider Specialty
	Technician, Other - EEG

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

- *Provider Enrollment Guide – Group*: A group of one or more rendering providers
- *Provider Enrollment Guide – Facility*: A building or place that provides services

A glossary of acronyms and terms can be located in the *Provider Handbook* 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 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.
- Social Security Number (SSN) or Federal Employer Identification Number (FEIN).
- The 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 Email" using an internet search browser. It will guide you to sites that offer free e-mail accounts.).
- Phone numbers - primary (required), secondary, emergency, mobile, and fax numbers.
- Your physical address.
- Your mailing address (if different from your physical address).
- Your Tax Entity Type (for example, Individual/Sole Proprietor, Corporation, Partnership, LLC Corporation, or LLC Disregarded Entity).
- 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 phone number.

For 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 licensing and certification documents for the provider type/specialty pairs that represent the provider's practice.

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.

A red asterisk (*) will be used to indicate information that must be entered to complete the 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

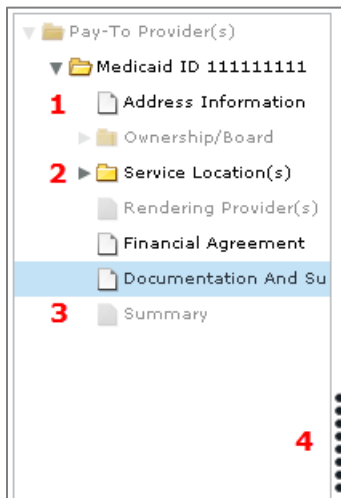
To use all features of the provider portal successfully, ensure that your computer system meets the following minimum requirements:

- 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 while moving through the application. See Figure 4-1 to view the menu structure.

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 dropdown, as there is more than one page of information needed for that specific part. Click on 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 clicking on the menu at the left if you want to go to a different screen rather than using the **Previous** and **Next** buttons.

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

Please note: If you skipped a screen that requires information from you, when you submit your application, those screen names will turn red on the menu bar alerting you to go back and add the required 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. Click 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: Increase Text Size

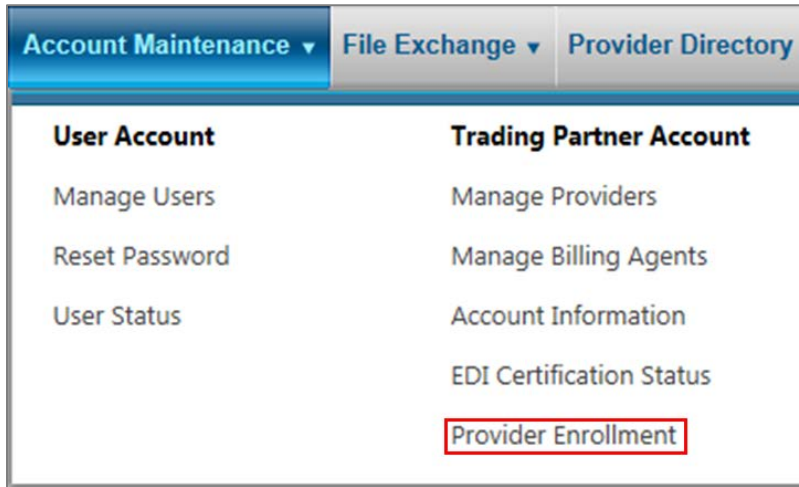


Note: While navigating through the application, *do not use* the **Back** button in your browser. It will take you out of the application, and you will have to log in again to continue.

5. Getting Started

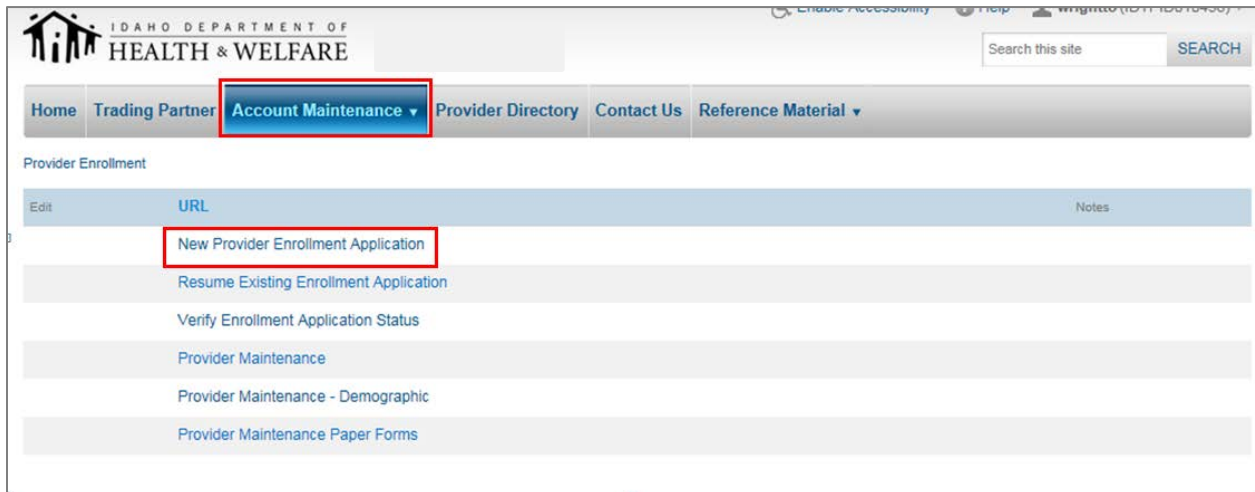
To start your enrollment you must sign in to the Idaho DXC Technology Medicaid website at www.idmedicaid.com. Once you are signed in, hover over the **Account Maintenance** tab and choose **Provider Enrollment** (Figure 5-1).

Figure 5-1: Provider Enrollment Link



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



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 each screen.

Figure 6-1: Security Login Screen

The screenshot shows the 'Idaho Provider Enrollment' web application. The main heading is 'Security Log In'. Below the heading, there is a welcome message: 'Welcome to Idaho Provider Enrollment. Please review the User Guides for complete instructions. For assistance with the enrollment process, contact a Provider Representative at (866) 686-4272.' The form contains the following fields and controls:

- Email Address *
- Retype Email Address *
- Enumerated with NPI Registry as * (Please Select an Enumeration Type) [Dropdown]
- Enrollment Type * (Please Select an Enrollment Type) [Dropdown]
- Pay-To National Provider Identification # (NPI) *
- Tax ID Type * (Please Select a Tax ID Type) [Dropdown]
- FEIN *
- Retype FEIN *
- 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 address 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 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 an Individual, choose **Individual** if you have an NPI. Choose **No NPI** if you are an individual provider without an NPI. The Individual options should only be chosen if the enrolling provider is an individual and not a group or a facility.

Enrollment Type

Choose **Individual**.

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** from the dropdown box. You will use your personal SSN attached to your name, or your FEIN assigned to the name of which you are *Doing Business As* (dba). The Tax ID Type chosen must match the Tax ID Type currently associated to the NPI or Medicaid ID number entered above.

If you chose **SSN**: Enter the SSN.

If you chose **FEIN**: Enter the FEIN.

Retype

Retype your SSN or FEIN. It must match what you entered in the field above.

Click **Start Enrollment**. The *Business Information* screen will appear next.

6.1. 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 6-2.

Figure 6-2: Current Screen Error List



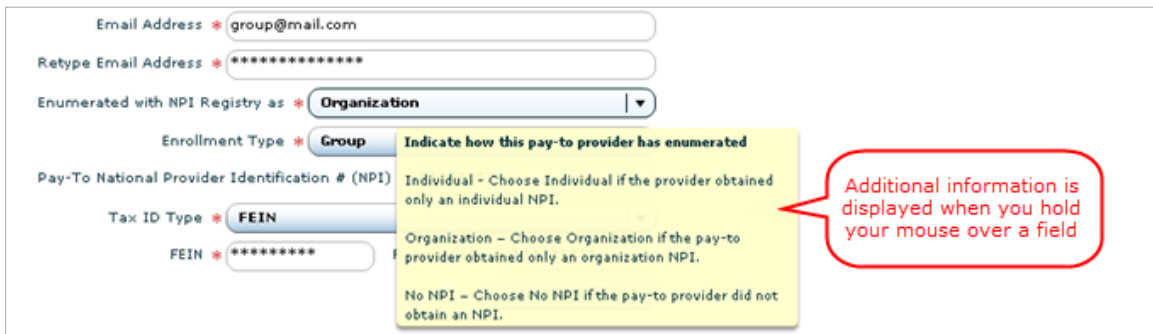
Required fields will be outlined in red and flagged if you have not completed the information.

Figure 6-3: Required Field Notice



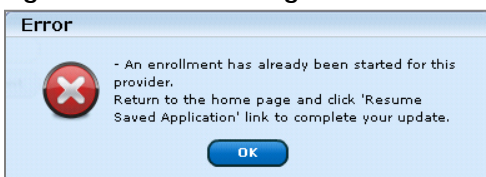
Tool tips are available for each field. Hold your cursor over the field to display the tool tip for that particular field. Figure 6-4 shows the tip for the *Enrollment Type* field.

Figure 6-4: Tool Tips



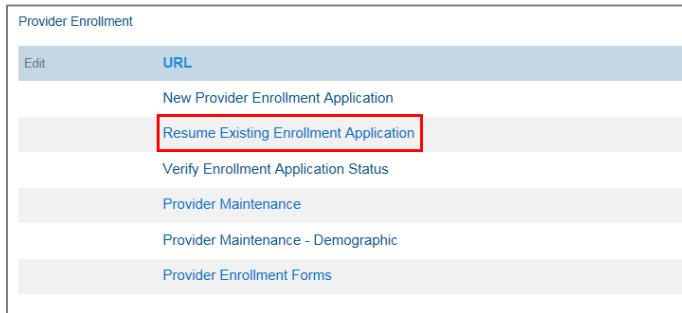
If you have previously started your enrollment, the following error shown in Figure 6-5 will be displayed.

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.

Figure 6-6: Resume Enrollment Application



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

Figure 7-1: Business Information Screen

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, *Individual* 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.
- 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 #:**
 - 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 your unique identification data. Each field is described below.

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

This field will be blank since you are enrolling as an individual.

Individual Name

The name of the individual 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

If the name displayed is not correct, click this checkbox.

Provider Type

Select the dropdown 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 Individual. 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 the contact person named above. 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**, or **Mobile**, or **Fax** phone number, enter it in the appropriate field.

Gender:

Enter the gender of the provider or choose **None**.

7.1. 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

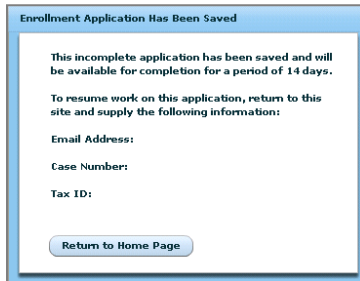
Click this button to navigate back to the previous screen.

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 7-3.

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 7-3: 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 7-4 displays to confirm that you want to cancel changes made on the current screen.

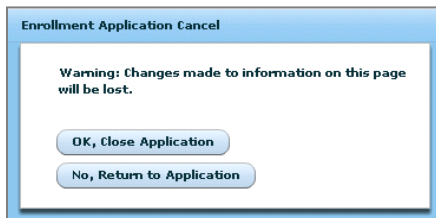
OK, Close Application

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.

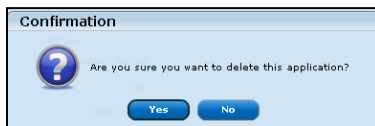
Figure 7-4: Enrollment Application Cancel Pop-up Box



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 7-5 will confirm that you want to delete the application.

Figure 7-5: Confirmation to Delete



Note: By selecting **Delete**, you will lose all the information that you entered.

8. Address Information

On the *Address Information* screen (Figure 8-1), you will verify your **Pay-To Physical Address** and **Pay-To Correspondence Mailing Address** for the Individual. Your 1099

form and checks will be mailed to this address. You will indicate the provider's **Type of Tax Entity**, **Exempt Payee** status, and answer a Criminal Conviction question.

- The pay-to provider is the provider who will receive payment and 1099 information at the end of the year.
- The W-9 information collected on this screen will be used to pre-populate the W-9 form at the end of the application.
- 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.

Figure 8-1: Address Information Screen

The screenshot displays the 'Address Information' screen for an individual provider. The header shows 'Address Information (THE FACILITY Enumerated As: Individual)' and 'Status: NEW'. Below the header, there are fields for 'Pay-To Provider ID: NPI - 9999999999', 'Enrollment Case #: 111300002', and 'Status: NEW'. The screen is divided into three main sections:

- Pay-To Physical Address:** Includes fields for Address 1 (1 South Street), Address 2, ZIP/Postal Code (83704), City (BOISE), County (ADA), State/Province (Idaho), and Country (United States).
- Pay-To Correspondence Mailing Address:** Includes fields for Address 1 (3 West Avenue), Address 2, ZIP/Postal Code (83642), City (MERIDIAN), County (ADA), State/Province (Idaho), and Country (United States). A button 'Set Mailing Address same as Pay-To Physical' is present.
- W-9 Information:** Includes fields for W-9 Name (Name), W-9 Business Name, Address 1, Address 2, ZIP/Postal Code (83642), City (MERIDIAN), County (ADA), State/Province (Idaho), and Country (United States). It also has a dropdown for 'Type of Tax Entity' (Please Select Tax Entity Type) and radio buttons for 'Exempt Payee?' (Yes/No).

Red callout boxes highlight the 'Pay-To Correspondence Mailing Address' section as 'Address where correspondence is mailed' and the 'W-9 Information' section as 'Address where 1099 is mailed'. At the bottom, there are buttons for 'Next', 'Previous', 'Save and Close', and 'Cancel'.

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. 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. – 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 individual 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** in the field labeled **Exempt Payee**.

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)?

Choose **Yes** if you were ever sanctioned, excluded, or convicted of a criminal offense with regard to Medicare, Medicaid, or any federal agency or program. This refers to Figure 8-2 below. If yes is selected, check all that apply: **Sanctioned**, **Excluded**, and/or **Convicted**. If not, choose **No**. Select **Next** to continue to the next

Figure 8-2: Sanctioned, Excluded, Convicted Question

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

9. 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 9-1: Add Service Location

Add Service Location [X]

Instructions: If you have more than one service location, the system will automatically assign the service location a 3 digit code. You must use this digit code on all claims for this service location.

Enter a unique service location name in the site name field.

Site Name: *

[Add]

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 9-2.

Figure 9-2: Service Location Screen

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

Enter the first line of the street address.

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 9-3.

Figure 9-3: Provider Directory

The screenshot shows the Idaho Department of Health & Welfare website's Provider Directory. The header includes the department logo and navigation links for Home, Provider Directory, Contact Us, and Reference Material. A search bar is located in the top right corner. The main content area displays a list of six providers, each with their name, address, and phone number, along with a link to view details. A map of the Boise area is shown on the right side of the page.

Provider Name	Address	Phone Number
1. ANGLETON, PETER	8854 W EMERALD #140 BOISE, ID 83704	
2. ASHBY, HANSEL	8854 W EMERALD #140 BOISE, ID 83704	
3. BINNION, DIANNA LEE	8854 W EMERALD #140 BOISE, ID 83704	
4. BOESIGER, BRIAN	2312 N COLE SUITE B BOISE, ID 83704	
5. BURRIESCI, MARK	2312 N COLE RD BOISE, ID 83704	
6. CAMPBELL, MATTHEW		

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.

Select **Next** to display to the *Provider Type & Specialty* screen for this service location.

10. 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 10-1: Provider Type & Specialty Screen

The screenshot displays the 'Provider Type & Specialty' screen. At the top, it shows 'Enumerated As:' with fields for 'Location:', 'Enrollment Case #:', and 'Status: NEW'. Below this is a table titled 'Specialties' with the following columns: 'Provider Type', 'Specialty', 'Begin Date (MM/DD/YYYY)', and 'Term Date (MM/DD/YYYY)'. The table is currently empty. Below the table, there are two dropdown menus: 'Provider Type' and 'Specialty'. The 'Specialty' dropdown is marked with a red asterisk (*). To the right of these dropdowns are input fields for '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 10-1 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 licesure, 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.

11. 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 11-1: Service Location Summary Screen. 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 11-1: Service Location Summary Screen

Service Location(s) (Provider Name Enumerated As: Individual)

Pay-To Provider ID: NPI - 1234567891 Enrollment Case #: 111080001 Status: NEW

The Service Location Summary screen displays a listing of all service locations for this provider.

Click on the name of the site and choose Change Site Name to update the name of the location.

Click Add to add a new service location.

Site Name	Service Location #
ID-HOME HEALTH	PRIMARY
ID-HOSPICE	1234567891-002

Add

Next Previous Save and Close Cancel

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. Select **No** to continue to the *Financial Agreement* screen.

12. Financial Agreement

The *Financial Agreement* screen (Figure 12-1) 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 12-1: Financial Agreement Screen

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 12-2 to determine the Account Number.

Figure 12-2: Check Information

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 12-2 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.

13. Submit the 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 13-1.

Figure 13-1: Documentation Screen

Documentation (Provider Name Enumerated As: Individual)

Pay-To Provider ID: NPI - 1234567891 Enrollment Case #: 111888881 Status: NEW

If any new credentialing information was entered during the Enrollment Process, you must submit a copy of the newly entered information for validation purposes.

NOTE: Your Enrollment is not complete until all required documentation is received. This documentation must be received by Molina Provider Enrollment before your application can be approved. Failure to submit supporting documentation will delay the approval of your application and result in non-payment of claims.

The following documents are required as part of your Provider Enrollment application. Images of documents can be uploaded with your electronic application. Alternatively, documents can be printed, signed by the applicant and mailed or faxed to:

Molina Medicaid Solutions
P.O. Box 78882
Bowie, ID 83782

Phone Number: (866) 896-4272
Fax Number: (877) 917-2841

I certify that I am the provider, or am authorized on behalf of the provider, to electronically sign the required documentation.
I certify that the information contained herein is true, correct and complete.
If I become aware that any information in this form is not true, correct or complete, I agree to notify the Medicaid Provider Enrollment Unit of this fact immediately.
I authorize the Medicaid Provider Enrollment Unit to verify the information contained herein. I understand that a change in the incorporation of my organization or my status as an individual or group filer may require a new application.

Provider Application Electronic Signature

Signatory Name

Signatory Title

* Indicates Required Documents				
Document Name	Download for Submission	Method of Submission	Upload	Submitted/Signed Documents
* Medicaid Provider Agreement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input checked="" type="radio"/> Sign Electronically	Upload	Review Before Signing
* Electronic Provider Enrollment Application Acknowledgement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input checked="" type="radio"/> Sign Electronically	Upload	Review Before Signing
* WS	Download	<input type="radio"/> Upload <input checked="" type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View
Signature On File Form	Download	<input type="radio"/> Upload <input checked="" type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View
Provider Request to Backdate the Effective Date	Download	<input type="radio"/> Upload <input checked="" type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View

[Submit](#) [Previous](#) [Save and Close](#) [Cancel](#)

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, e-mailed, 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 on the button **Review Before Signing** in the last column.

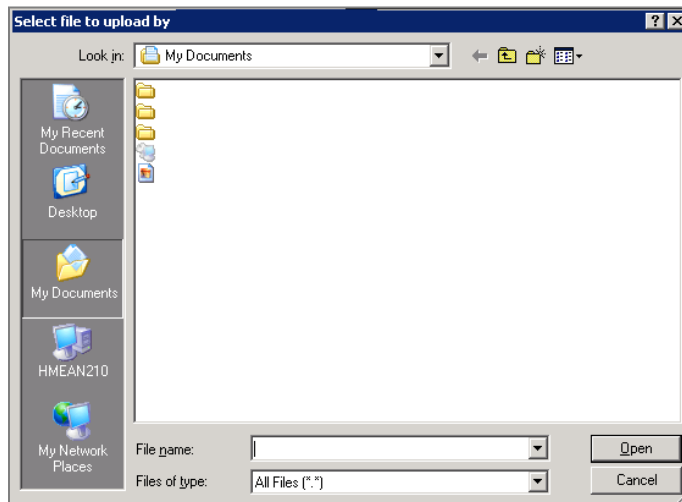
- Click on **Sign Electronically**.
- **W-9**
 - You can download this document to upload back up to the website, or download to mail or fax in. Instructions follow this section.
- **Ownership and Criminal Conviction Form**
 - You can download this document to complete and then upload back up to the 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.

13.1. Upload a Document

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 13-2.

Figure 13-2: Select file to upload



4. **View**
 - a. You can now click **View** in the **Submitted/Signed Documents** column to view the document you uploaded.

13.2. Mail, E-mail, or Fax

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

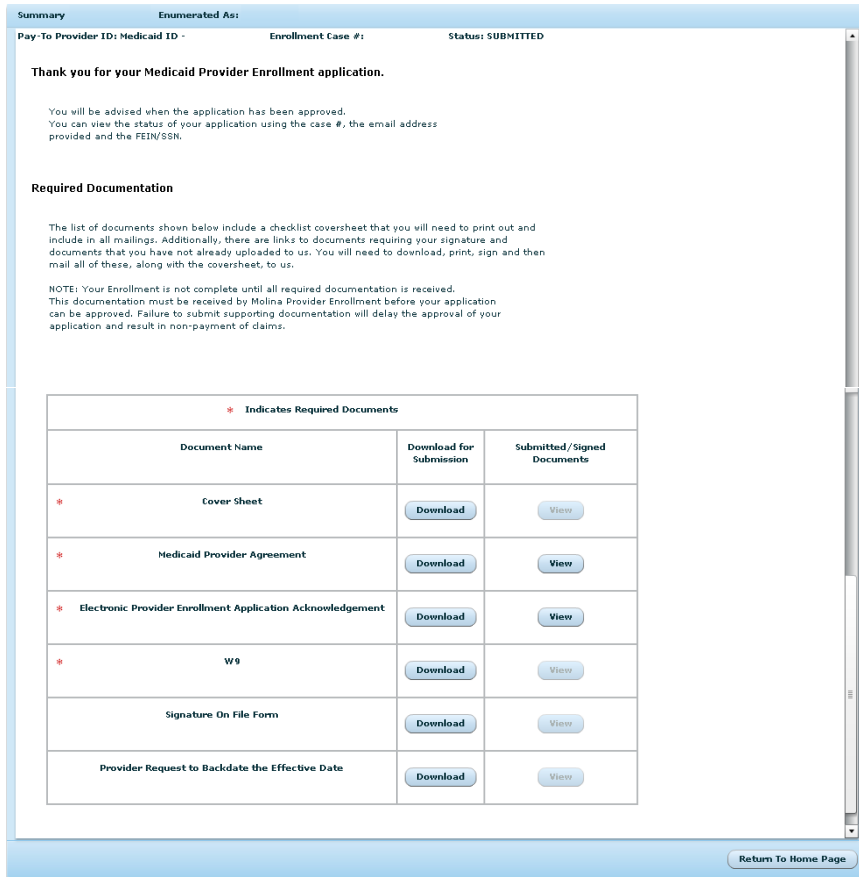
For additional questions, you may also call: toll free 1 (866) 686-4272 or in Boise call 1 (208) 373-1424, Monday through Friday, 7 A.M. to 7 P.M. MT.

13.3. Submit

Once you are finished printing or uploading all of your documents, click **Submit**. Figure 13-3 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 13-3: 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 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.