



IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

***Provider Enrollment User Guide – Disenrollment  
for  
State of Idaho MMIS***



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## 1. Introduction

Thank you for your participation in the Idaho Medicaid program. In order to disenroll from the program, login to the Trading Partner Account that was established during the initial enrollment. Refer to the [Trading Partner Account \(TPA\) Registration and Maintenance](#) User Guide for detailed instructions on how to retrieve the username and password for the account if it's been forgotten.

## 2. Necessary Information

The following information is necessary to complete the disenrollment application:

- Reason for Disenrollment
- Disenrollment Date

## 3. System Requirements

To utilize the provider enrollment application, ensure that your computer system meets the following minimum requirements:

- Internet browser 11
- Microsoft Edge 85.x
- Google Chrome 85.x
- Safari 5.1.7
- Mozilla Firefox 33 and 34
- Acrobat Reader DC
- Screen Resolution of 1024 x 768 or higher

## 4. Start Disenrollment

To start a disenrollment request, select the actions button >> from the My Enrollment Applications table for the provider that is requesting disenrollment, and choose **Disenrollment**.

My Enrollment Applications							
Case Number	Provider ID	Provider Name	Email Address	Enumeration Type	Enrollment Status	Enrollment Type	Actions
> 190860001		John Doe	provider@acme.com	Type 2 - Organization	ENROLLED	MAINTENANCE	>>

View Enrollment  
Maintenance  
**Disenrollment**

### 4.1. Disenrollment

The billing provider's NPI or atypical provider ID, along with the legal name, case number, email address, and tax identification information will be displayed on the Disenrollment screen. Two required items must be answered before the disenrollment request can be submitted.

#### Reason for Disenrollment\*

From the drop-down, choose the reason for disenrolling. The following options are displayed:

- No longer servicing Medicaid Patients
- Change of practice ownership
- Moving to another State
- Discontinuing practice
- Deceased
- Other

**Note:** If Deceased is chosen, the Disenrollment Date entered should be the date of death or a date prior to the date of death.

**Note:** If other is chosen, the **Description\*** box is presented, and the reason for disenrollment is required to be provided.

### Disenrollment Date\*

Use the calendar icon to select the date that the record should be disenrolled from Idaho Medicaid.

Select the **START DISENROLLMENT** button to submit the request.

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Medicaid Management Information System

Provider Enrollment Application    Back to Portal    Home    Sign Out    Toll Free: 1-866-686-4272

Please review the user guides for complete instructions on Disenrollment before you begin. For assistance with the Disenrollment process, contact a provider representative at 1-866-686-4272 or email [idproviderenrollment@molinahealthcare.com](mailto:idproviderenrollment@molinahealthcare.com).

**Disenrollment**

Billing Provider NPI or Atypical Provider ID\* : [REDACTED]

Legal Name (must match W9)\* : [REDACTED]

Case Number\* : 907622144

Email Address\* : [REDACTED]

Tax ID Type\* :  FEIN  SSN

Enter Tax ID\* : \*\*\*\*\*

Re-Enter Tax ID\* : \*\*\*\*\*

Reason For Disenrollment\* : Other

Description\* : Type reason here

Disenrollment Date\* : 7/10/2020

RESET    START DISENROLLMENT

A confirmation message will be presented: **By disenrolling the billing provider, all service locations will be terminated and all affiliated providers will be terminated. Are you sure you want to continue?**

Select OK to proceed with the disenrollment or Cancel to return to the Disenrollment page.

**Disenrollment** X

By disenrolling the billing provider, all service locations will be terminated and all affiliated providers will be terminated. Are you sure you want to continue?

OK    Cancel

If OK is selected, a confirmation message that the disenrollment request was successfully submitted will display. The user will be returned to the Application Home Page.

The Enrollment Status and Enrollment Type, found in the My Enrollment Applications table will reflect that the disenrollment has been requested.

Once the disenrollment request has been reviewed and processed by Gainwell Technologies Provider Enrollment, a confirmation email will be delivered to the email address on file.

## Revision History

Version	Date	Author	Action/Summary of Changes
1.0	07/10/2020	Myranda Payne	Initial Document- Provider Enrollment User Guide – Disenrollment
1.1	10/2/2020	Myranda Payne	Formatting throughout. Updated based on DHW feedback.
1.2	10/13/2020	Tara Humpherys	Reviewed. Informally approved with changes.
2.0	11/27/2020	TQD	Finalized per DHW approved via UB02332B.