



# Virginia Provider Enrollment (PE) Wizard User Guide

*Medicaid Management Solutions*

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*Note: This user manual is a draft document and will continue to be updated to reflect new functionality and User Interface (UI) changes as a result of future releases.*

## Privacy and Security Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule<sup>1</sup> and the American Recovery and Reinvestment Act (ARRA) of 2009 requires that covered entities protect the privacy and security of individually identifiable health information.

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<sup>1</sup> 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

## Revision History

| Version # | Published/<br>Revised | Author      | Section/Nature of Change           |
|-----------|-----------------------|-------------|------------------------------------|
| 1.0       | 10/2021               | M. Wanstall | Final Draft                        |
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## 1. Introduction

The purpose of this guide is to support Providers enrolling or revalidating with the Virginia Medicaid program with instructions to use the Provider Enrollment (PE) system. The PE Wizard allows you to electronically submit key provider data, including attachments, for credentialing and enrollment.

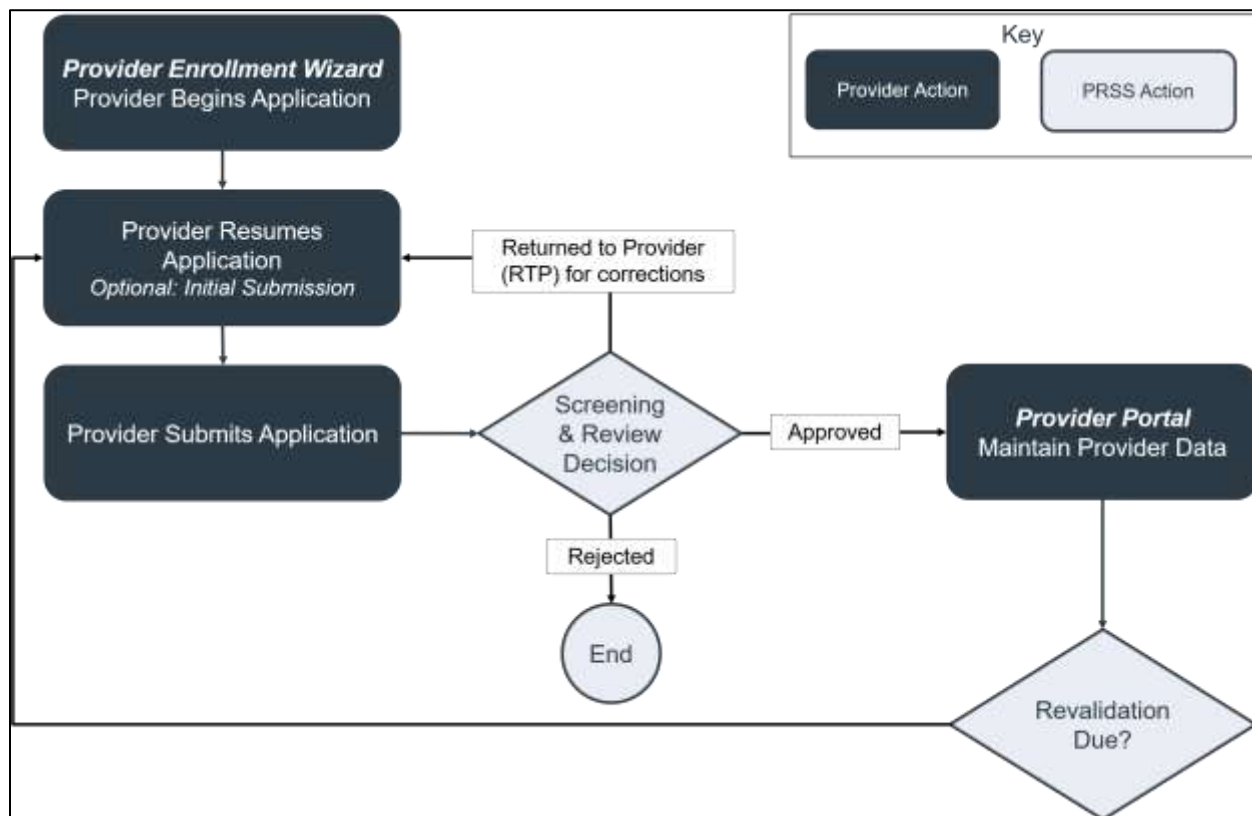
Throughout this guide, you will see various notes to enhance your use of the PE Wizard. Refer to Figure 1-1.

Figure 1-1: User Guide Icons

|  |  |  |
|--|--|--|
|  <p>Indicates extra tips and useful explanations.</p> |  <p>Indicates more resources are in another location such as another document or a website.</p> |  <p>Indicates a critical step that must be made (or not taken) to avoid errors.</p> |
|--|--|--|

Refer to Figure 1-2 for an overview of how the PE system is used for new enrollment and revalidation.

Figure 1-2: Provider Enrollment Overview



## 2. Information You Will Need

You need to have basic knowledge of provider enrollment terminology such as National Provider Identifier (NPI), Taxonomy, Specialty, and Service Location.

To complete a new provider enrollment application for the Virginia Medicaid program, you will need to gather specific information and prepare certain documents to electronically attach. Refer to Section **5.1 - Start New Enrollment** to generate a pre-checklist of required materials.

To complete a revalidation application for the Virginia Medicaid program, you will need the notifications with your revalidation Application Tracking Number (ATN) and temporary password. Refer to Section **5.2 - Start Revalidation** for more details to begin your revalidation.

### 3. System Requirements

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

- Reliable online connection
- Latest version of your web browser is recommended
- Accept pop-ups from the site to view detail and attachment windows
- Adobe® Acrobat Reader

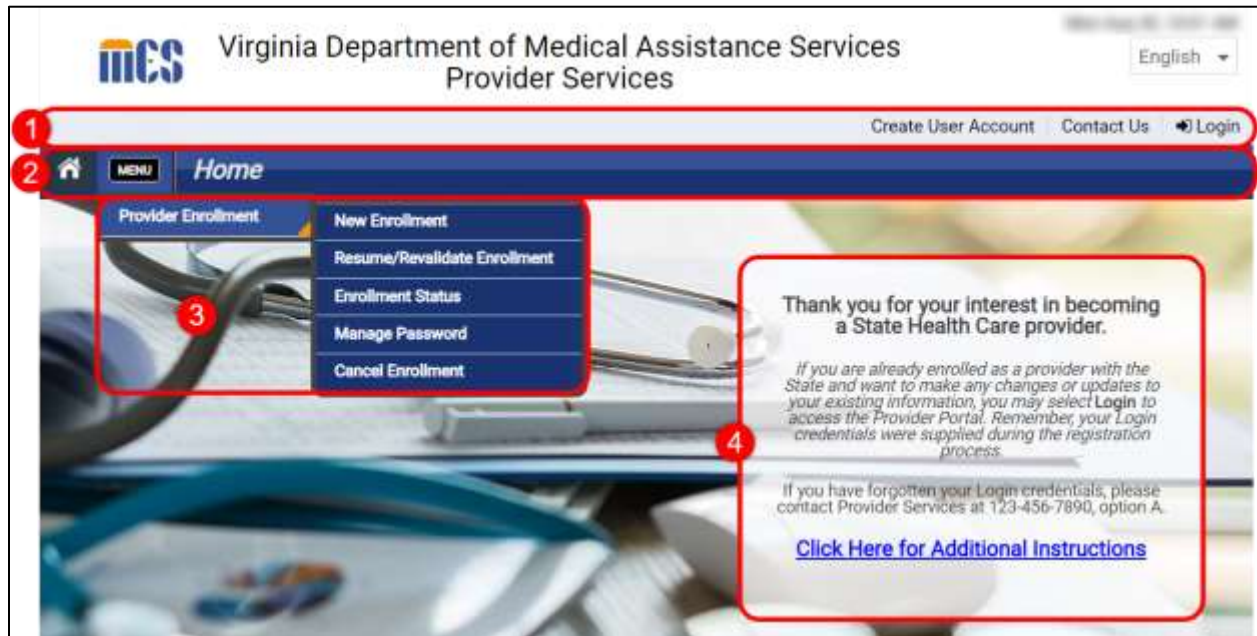
## 4. Provider Enrollment (PE) Overview

The PE system includes the PE Wizard and supporting enrollment functionality such as password management and enrollment status updates. The PE Wizard is used to enter new enrollment applications as well as complete revalidation.

### 4.1 Provider Enrollment (PE) Home Page

Navigate to the **PE Home Page**: <https://virginia.hppcloud.com/>. Refer to Figure 4-1.

Figure 4-1: Provider Enrollment Home Page



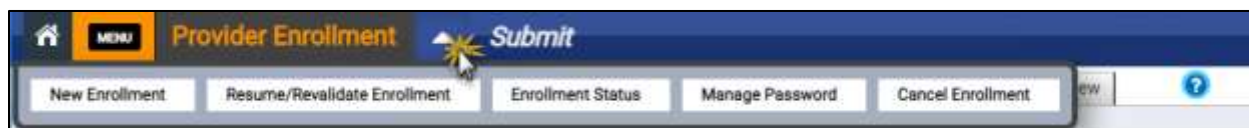
Description of each feature:

1. **At-a-Glance Bar:** Contact Us opens email, phone, and mailing information for PE and Provider Management (PM) questions. *The other options do not apply to Providers.*
2. **Navigation Bar:** Access PE menu and view label for current page.
3. **Navigation Menu:** Click the option to open the feature.
4. **Public Information:** Message about the Virginia Medicaid program.



Once you select an option from the Navigation Menu, the Navigation Bar adds a quick link to the submenu. You may access other features of PE either by continuing to use the Navigation Menu from Menu or by clicking the arrow on the quick link and then the submenu item. Refer to Figure 4-2.

Figure 4-2: Quick Link Menu

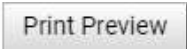






## 4.2 Interactive Features

Throughout the PE system, interactive features enable you to perform certain actions. The available interactive features depend on the functionality in the window. Refer to Table 4-1 for a listing and description of the interactive features.

Table 4-1: Interactive Features

| Name              | Icon(s) | Description   |
|-------------------|---------|---|
| Action Button     |         | Action buttons are labeled Save and Continue, Clear, Create New or perform a more specialized action such as Select File. Cancel buttons revert entered information to the most recent saved values. Previous buttons navigate to the prior module listed in the navigation bar of the PE Wizard. |
| Calendar          |         | Opens a calendar allowing operator to select a date.  |
| Drop-down Field   |         | Allows operator to view and select an option.   |
| Edit              |         | Allows operator to edit records within a table.   |
| Expand & Collapse |         | Allows operator to expand or collapse details in a section.   |
| Export            |         | Downloads the table results in the format indicated on the button. Verify that pop-up blockers allow downloads and follow instructions to save or open the file.  |
| Filter            |         | Opens filter options for search results. Filters do not apply to all columns.   |
| Paging            |         | Navigate through search results using arrows or page numbers.   |
| Page Help         |         | Move over the icon to display help text for the page. This is in the upper right-corner of pages.   |

| Name          | Icon(s)   | Description   |
|---------------|---|---|
| Print Preview |  | Opens a PDF copy of the currently saved enrollment application information. The PDF may be downloaded or printed.                                       |
| Required      |  | Indicates information must be entered in the field to save or continue.   |
| Sort          |  | Sorts search results column in ascending or descending order. Sorting does not apply to all columns.  |
| Text Field    |  | Enter text to complete the field.<br><i>Note: If typing a numeric value such as a date or phone number, move your cursor to the start of the field.</i> |
| Field Help    |  | Move over the icon to display help text for the field.  |



*Note: The PE Wizard adjusts based on your screen size and computer settings. If you are unable to read the full text above a field, use the field help to quickly see the full description.*

### 4.3 Error and Warning Messages

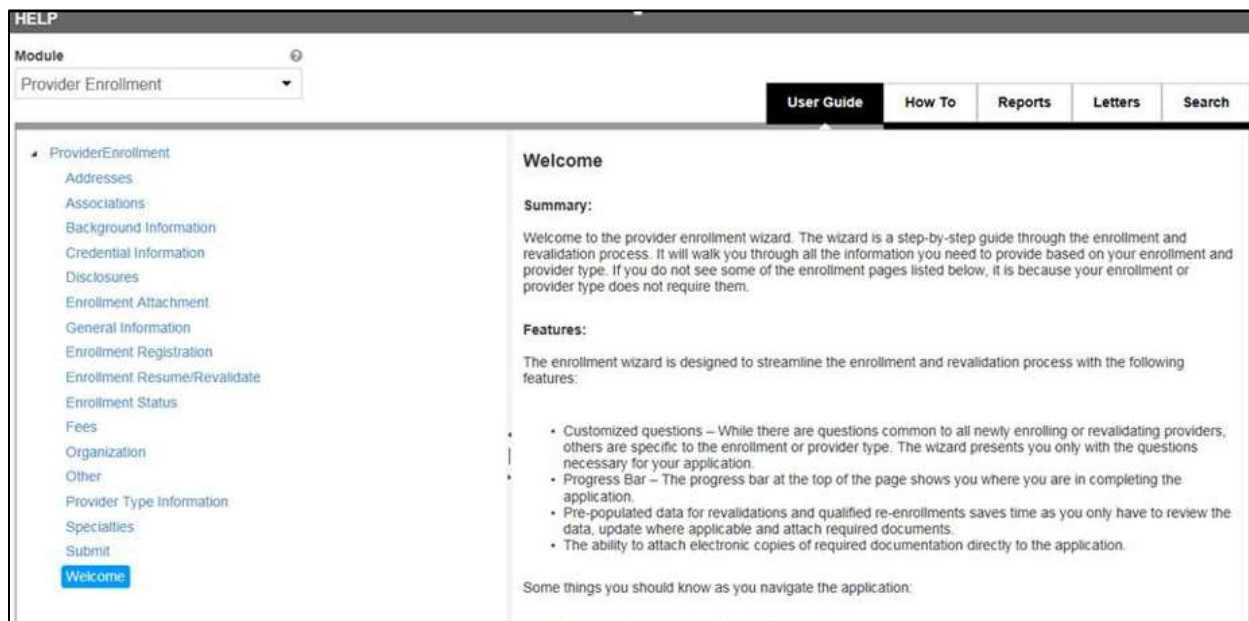
If you try to save and continue while required information is missing or if a response is not allowed based on other entered information, an error message appears. The error message may be at the field level or at the window level, so be sure to scroll through the entire window to verify if an error message appeared.

Warning messages require further validation before continuing and will display on top of your enrollment application, displaying a red outline, in a new window. They may require confirmation that you want to continue such as confirming an address not found in the United States Postal Service (USPS) records. Alternately, they may require a follow-up response such as a yes/no confirmation to continue to revalidation.

## 4.4 Accessing Help

Throughout the module, help is available by clicking the Question Mark icon in the top right corner of the module content bar. The Help module displays information about the current page. For example, if you're on the General page and click the Help icon, the summary for that page opens in the Help module. Refer to Figure 4-3.

Figure 4-3: Help



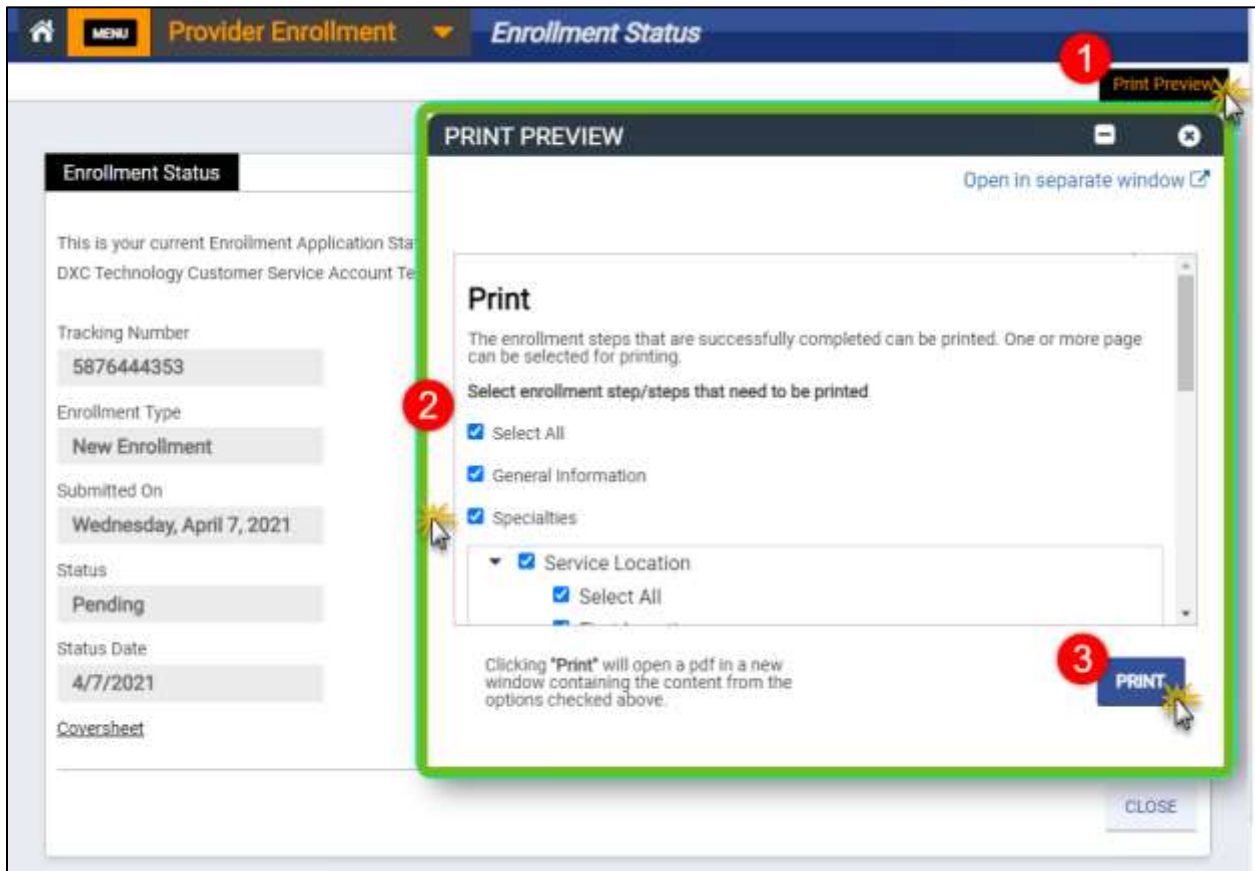
## 4.5 Printing the Application

Once you have saved the first module of the application, you can view a copy of any saved information from your application by clicking Print Preview from the application window. Additionally, you can access your application post-submission from the Enrollment Status page. Refer to Section 5.5 - **Check Enrollment Status**.

1. Click **Print Preview** from any module in your enrollment application or from the **Enrollment Status** page.
2. All sections are automatically selected. You may deselect sections if you do not want to generate them as a PDF.

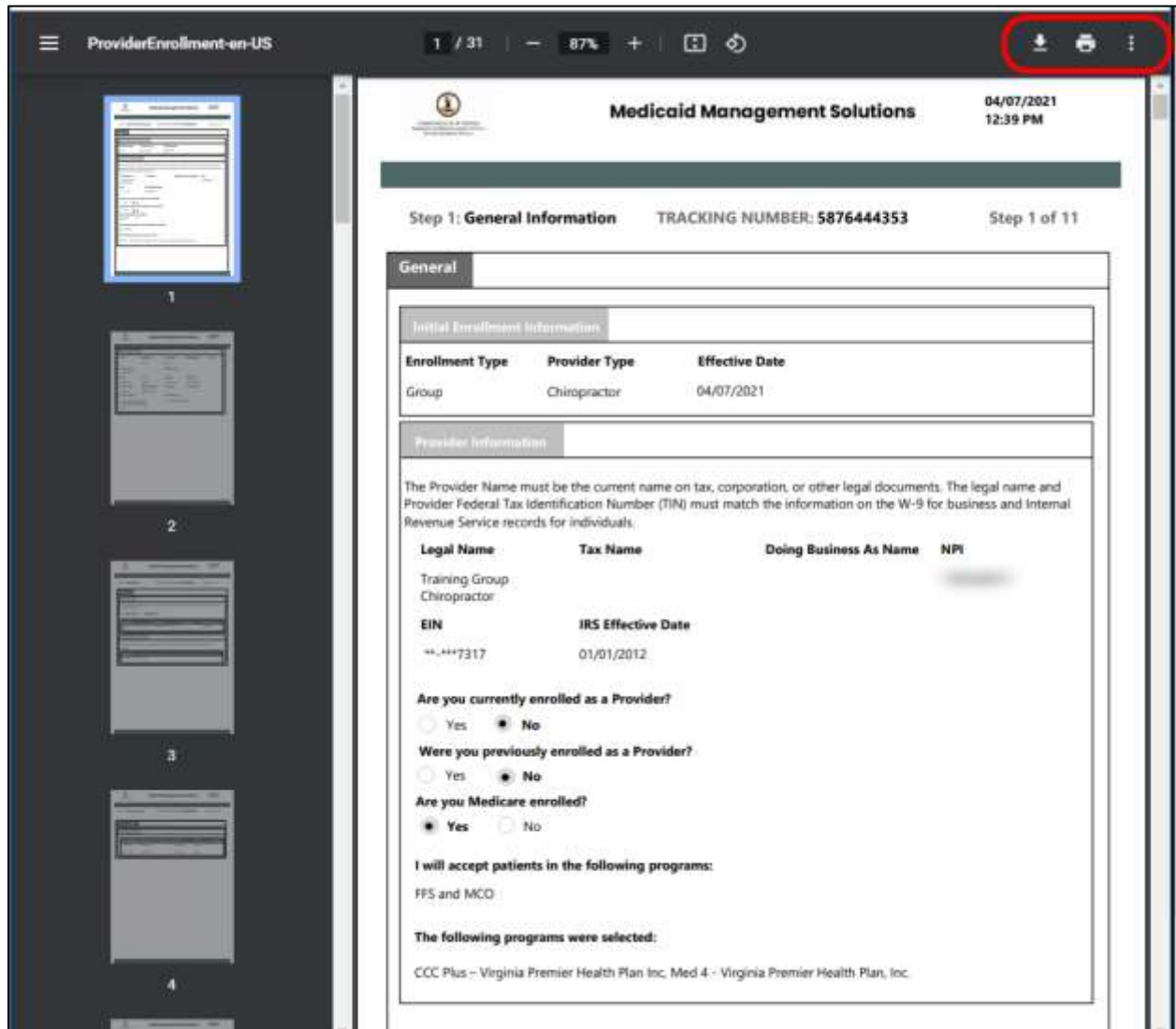
3. Click **Print**. Refer to Figure 4-4.

Figure 4-4: Print Preview



4. A PDF generates and opens in a new window. View the document or use the download or print icons to save the file. Refer to Figure 4-5.

Figure 4-5: Print Preview Application



## 5. Provider Enrollment (PE) Access

**To apply for the Virginia Medicaid program**, access the PE Wizard to start a new enrollment application. During your application process, you will create PE Wizard registration credentials. Additionally, an ATN is generated that you can use to resume your enrollment application, should you need to pause it, and verify your enrollment application status. These steps are for new enrollment applications as well as terminated providers applying for re-enrollment.

**To revalidate your enrollment in the Virginia Medicaid program**, access the PE Wizard to verify and update your information. Revalidation is required every five (5) years: you will receive notification to complete the revalidation 90 days prior to your enrollment's expiration date. The notification will be sent per the communication preference selected by you during enrollment and may be accessed from file downloads in Provider Portal.

**This guide is only for providers new to or revalidating for the Virginia Medicaid program.** If you are revalidating and need to request a new Managed Care Organization (MCO) Network enrollment, you should complete your request as part of revalidation to ensure that any changes made during revalidation are also submitted to the MCO. If you are a current provider changing your MCO Network enrollments outside of your revalidation period, complete the steps in the Virginia Provider Portal User Guide.



*Note: Refer to the **Virginia Provider Portal User Guide** to manage your MCO Network contracts between your approval for the Virginia Medicaid program and the start of your revalidation period.*

### 5.1 Start New Enrollment

1. Navigate to the PE Home page: <https://virginia.hppcloud.com/>.
2. Click **Menu** then **Provider Enrollment** then **New Enrollment**. Refer to Figure 5-1.

*Figure 5-1: New Enrollment Menu Option*



3. The **New Enrollment Welcome** page appears. Refer to Figure 5-2.

Figure 5-2: New Enrollment Welcome Page

The screenshot shows the 'New Enrollment' page. At the top, there is a header with the M&ES logo, the text 'Virginia Department of Medical Assistance Services Provider Services', and the date 'Wed Apr 7, 9:51 AM'. Below the header is a navigation bar with 'Provider Enrollment' and 'New Enrollment' tabs. The main content area has a 'Welcome' section with the title 'Welcome to the Online Provider Enrollment System'. It contains a paragraph of instructions, a list of required information, and a 'START' button. Below this is an 'Enrollment Pre-Checklist' section with several dropdown menus and radio buttons for selecting enrollment details. The fields include: Enrollment Type, Provider Type, Specialty, Tax ID Type (EIN or SSN), Are you Medicare enrolled?, and I will accept patients in the following pro... (with a dropdown menu). There are 'CLEAR' and 'GENERATE PRE-CHECKLIST' buttons at the bottom right of the checklist section.

4. In the **Enrollment Pre-Checklist** section, complete the fields to customize the requirements for your application.



*Note: Though generating a pre-checklist is optional, it is highly recommended to ensure that you have all documentation ready so that you are able to complete your application as easily and quickly as possible. This step is particularly helpful if a delegate will be managing your application.*



5. Click **GENERATE PRE-CHECKLIST** to identify the credentials and documents required to complete your enrollment application. Refer to Figure 5-3.

Figure 5-3: Enrollment Pre-Checklist Form

**Enrollment Pre-Checklist**

Please select the below parameters to generate a checklist enlisting the credentials and documents required to complete an enrollment application. All the credentials that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

Enrollment Type: Individual  
Provider Type: Chiropractor  
Specialty: 126-Chiropractor  
Tax ID Type: EIN (selected), SSN  
Are you Medicare enrolled?: No (selected)  
I will accept patients in the following p...: FFS and MCO

CLEAR GENERATE PRE-CHECKLIST

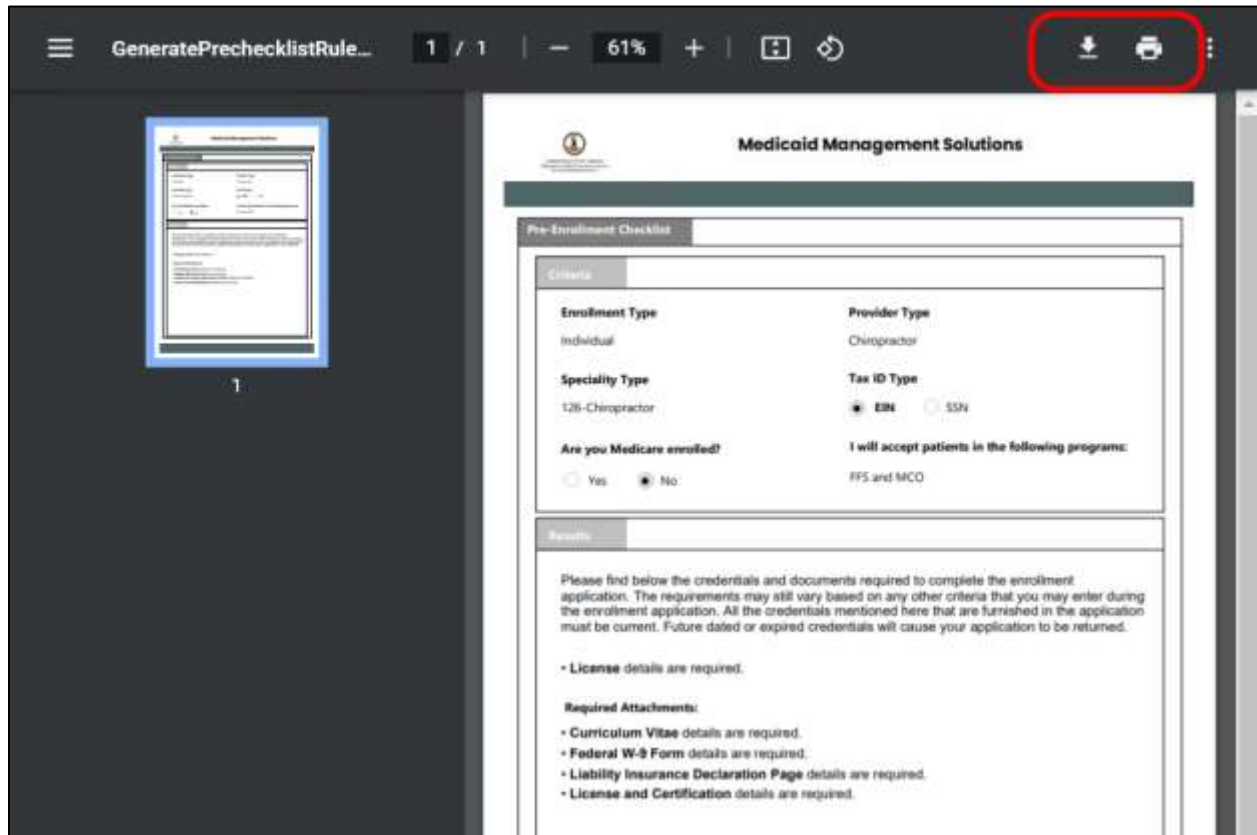


*Note: Required credentials and attachments for specific Enrollment Type, Provider Type and Specialty combinations will be listed.*



6. Your Pre-Enrollment Checklist appears in a new window to be viewed, downloaded, or printed. Refer to Figure 5-4.

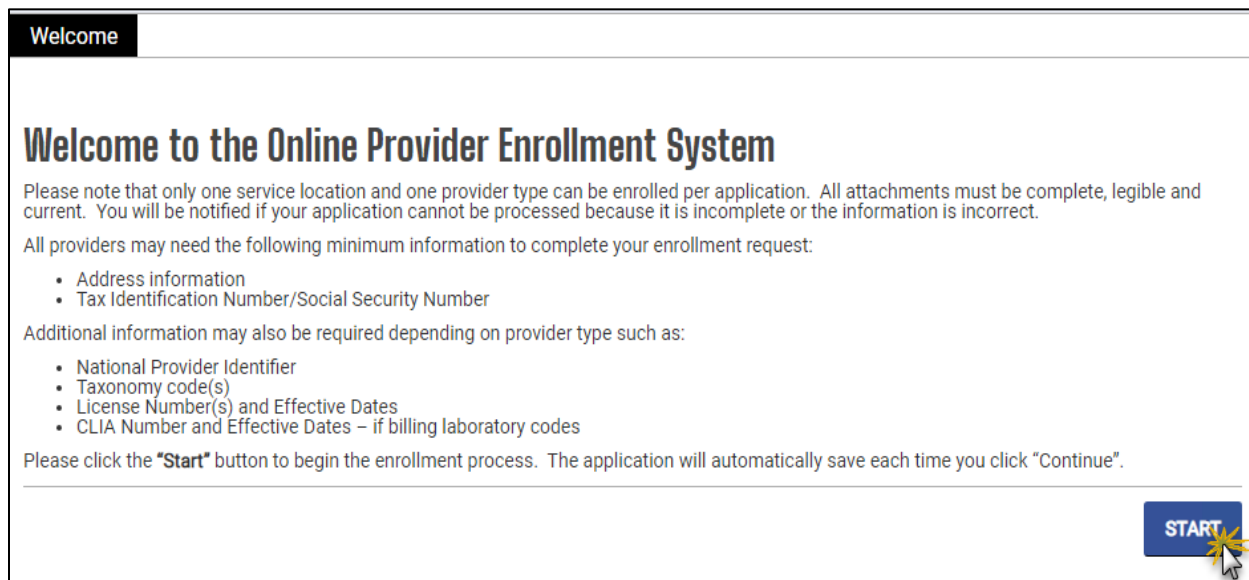
Figure 5-4: Pre-Enrollment Checklist Example



7. When you have gathered your documents and are ready to begin your enrollment application, return to the **New Enrollment Welcome** page.

8. Click **START**. Refer to Figure 5-5.

*Figure 5-5: Start Enrollment Application*



9. Complete the registration fields then click **REGISTER**. Refer to Figure 5-6.
  - a. **Email:** Communication related to accessing this application and notifications prior to submission (enrollment registration, application password management, and expiring application notices) will be sent to the email address entered in this field. This field is case sensitive.
    - i. Before submitting your application, you will have the opportunity to enter a different email for Provider Portal access that will be used to maintain your information after your application is approved.
    - ii. After submission, the email entered in the **Contact Information** section will be used to send notifications regarding your enrollment progress such as your enrollment submission confirmation and any returned application notifications.
    - iii. After approval with the Virginia Medicaid program, the preferred communication method and email or address information will be used to send notifications such as changes to provider information and revalidation notifications.



*Note: Refer to Section A-1: **What Enrollment Notifications Will I Receive?** for a list of notifications related to the provider enrollment process.*

- b. **Password:** Select a password between 8 and 20 characters, including at least one number, one upper-case letter, and one-lower case letter. The characters ; \* ^ : ~ < > % are not allowed. This will be used along with the tracking number to resume the application, if necessary, or to check the status after submission.
- c. **Provider Reference:** This is an optional field of up to 100 characters used for your internal reference information to help you identify the enrollment application. This is particularly helpful for delegates enrolling multiple providers.

Figure 5-6: Registration

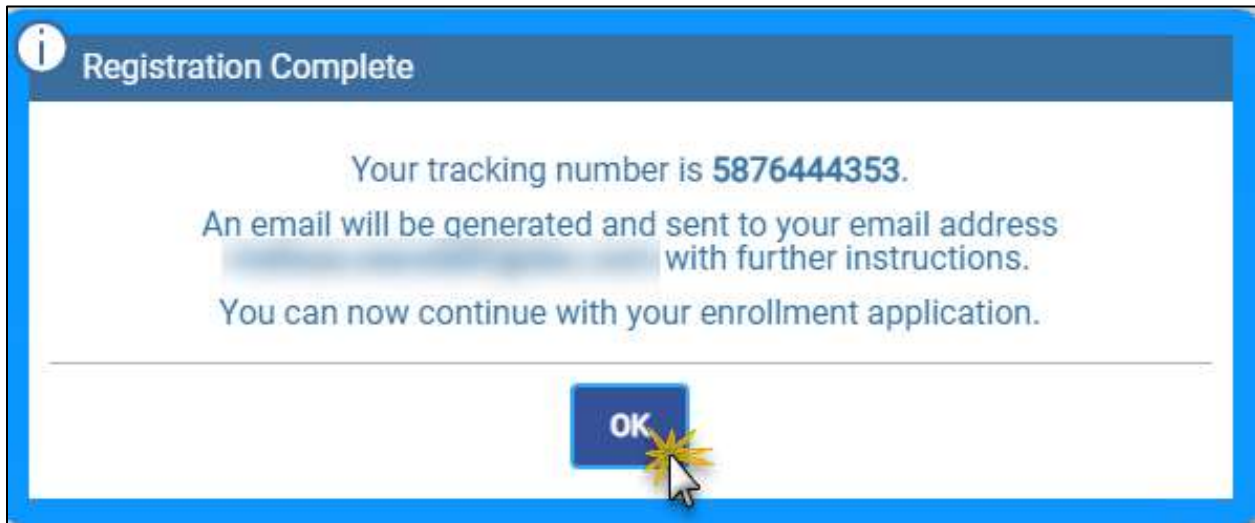
The screenshot shows a web form titled "Registration". At the top right, it says "Required Fields (4)". Below the title, there is a paragraph of instructions: "Register below to be assigned a unique enrollment tracking number. Be sure to write down your password. An email confirmation will be sent with the tracking number. If you don't submit your enrollment right away, you can use this tracking number and password to resume your enrollment application later." The form contains five input fields: "Email" (with "sample@provider.com" entered), "Confirm Email" (with "sample@provider.com" entered), "Password" (masked with dots), "Confirm Password" (masked with dots), and "Provider Reference" (with "Optional field for internal office reference" entered). A "Maximum 56 char" label is below the Provider Reference field. At the bottom right, there are two buttons: "PREVIOUS" and "REGISTER".

- 10. The system generates an ATN and a message confirming the registration is completed. Click **OK** to begin your application. Refer to Figure 5-7.



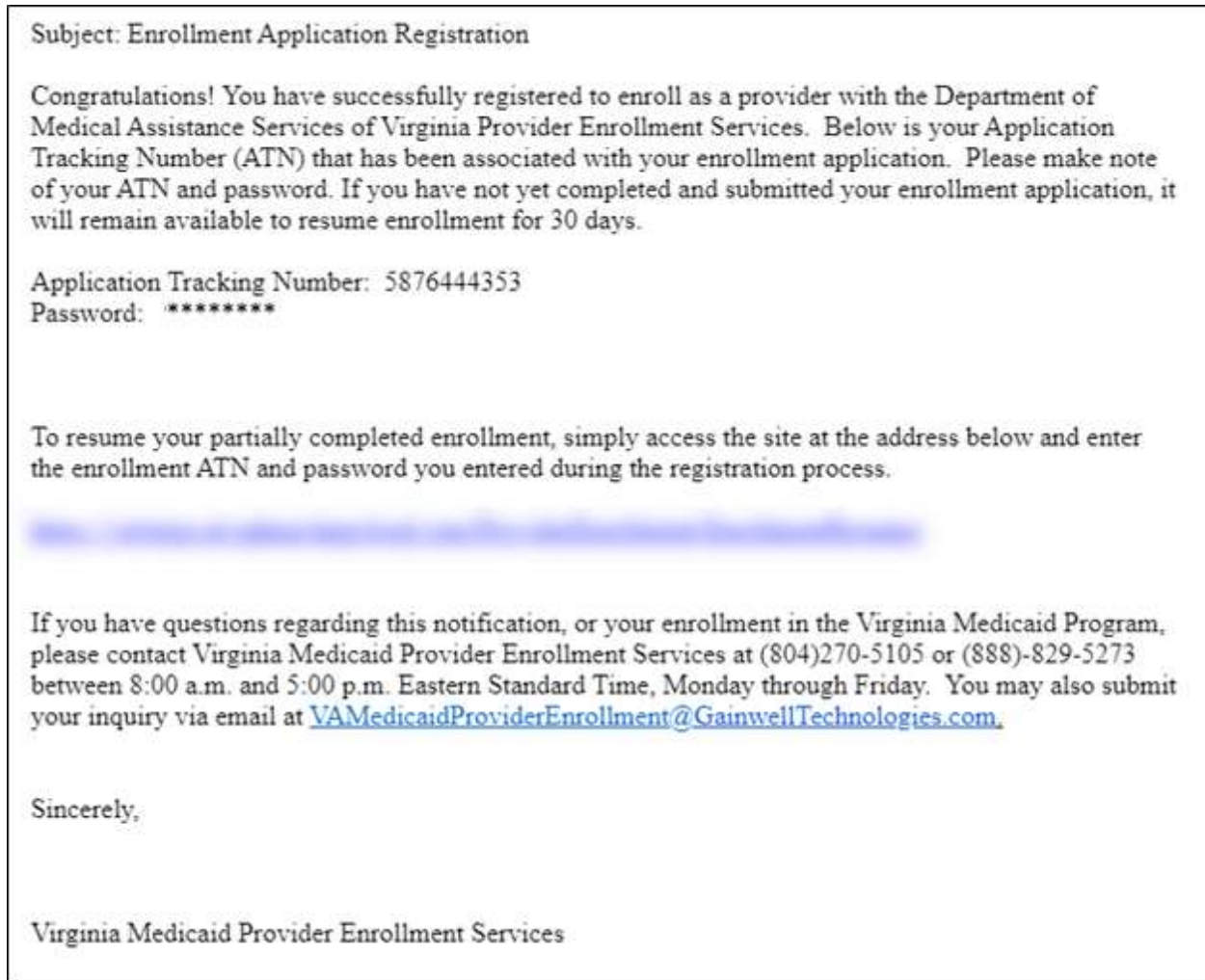
*Note: Reference the ATN on any documentation emailed, mailed, or faxed during your new enrollment or revalidation process. Also, for expedited assistance, have your ATN ready when calling Virginia Provider Services Solution (PRSS) Enrollment and Management Clerks.*

Figure 5-7: Registration Complete Dialog



11. Confirm that you received your registration email which contains your ATN. Check your junk mail folder if you do not receive it within a few minutes. Refer to Figure 5-8.

Figure 5-8: New Enrollment Registration Notification



*Note: Keep your ATN stored safely where you will be able to find it. You will need this number to resume your enrollment or track your application status.*



*If your application is not submitted and is inactive for thirty (30) days, it will expire. A courtesy reminder to submit your application is sent fifteen (15) days prior to expiration.*

*If your application expires, an application expiration notice will be sent to the email address entered during registration for the application and you will be required to start a new application to apply to the Virginia Medicaid program.*

## 5.2 Start Revalidation

Based on your communication preferences, you will receive two (2) emails or letters indicating that you may begin your revalidation. The notifications are sent ninety (90) days before your Virginia Medicaid program is set to expire. One will include your Tracking Number, see Figure 5-9, and one includes your password for revalidation, see Figure 5-10.

Figure 5-9: Revalidation Notification - ATN

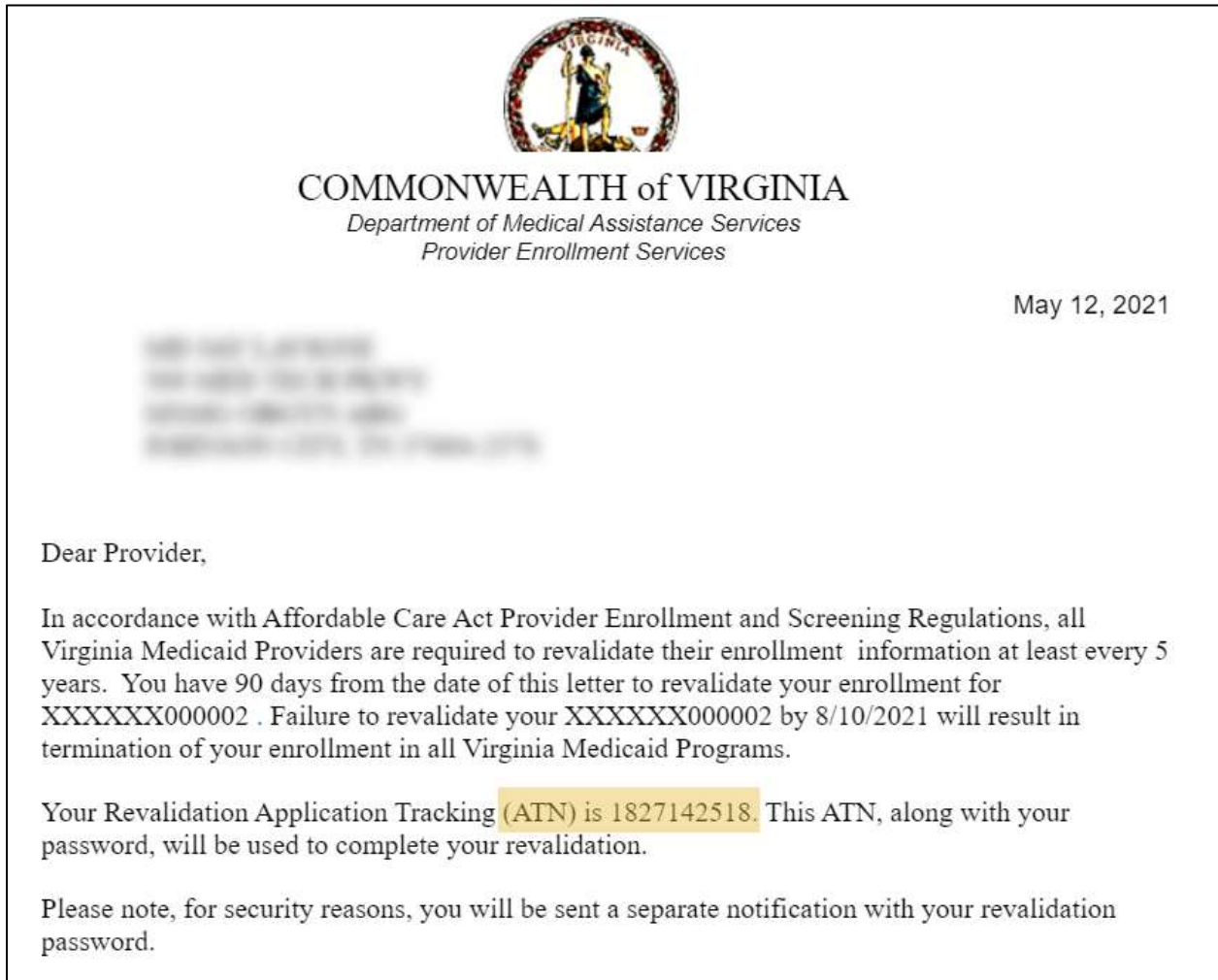
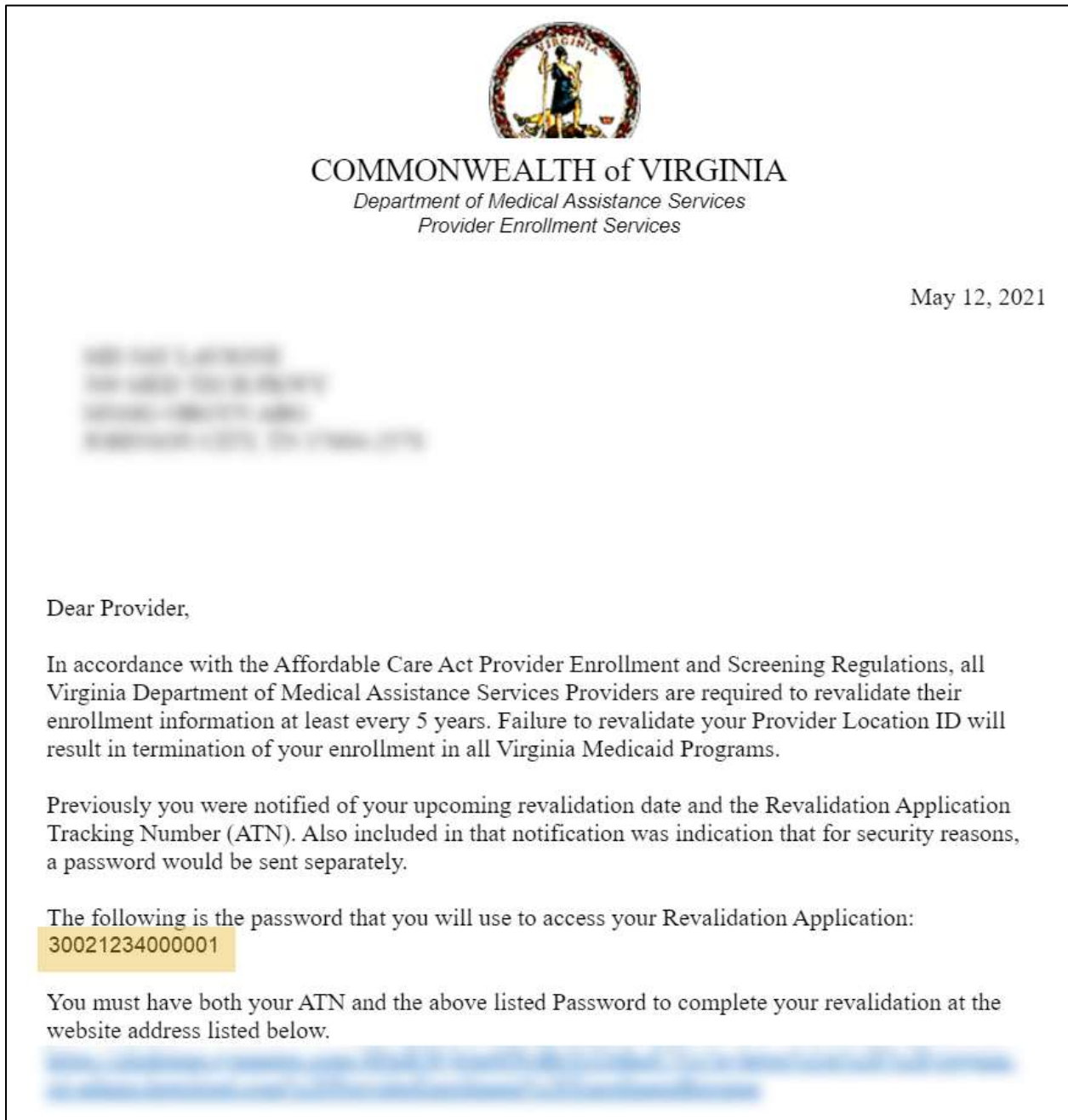


Figure 5-10: Revalidation Notification - Password



1. The notifications direct you to begin revalidation from the Provider Enrollment Resume/Revalidate Enrollment page:  
<https://virginia.hppcloud.com/ProviderEnrollment/EnrollmentResume>.
2. Enter your **Tracking Number** and **Password** included in your revalidation notifications.



3. Click **RESUME**. Refer to Figure 5-11.

Figure 5-11: Start Revalidate Enrollment

4. If this is the first time accessing your revalidation application, you are prompted to change your password. Complete the steps in Section **5.4 - Manage Password**.
5. Your revalidation application opens the PE Wizard on Step 1: General Information.
  - a. Verify the information populated throughout the application based on your current enrollment. Refer to Section **23 - Revalidate Enrollment** for details of what is populated.
  - b. Update information, as needed, and complete revalidation requirements such as completing disclosures.
  - c. Refer to Sections **7 - General Information** to **21 - Agreement/Submit** for details on any module.

## 5.3 Resume Enrollment or Revalidation

If you need to return to a partially completed application or you received a notification to edit your application, resume your enrollment.

Notifications to finish your incomplete application are sent to the email entered in the Contact Information section of your new enrollment. Notifications for revalidation or to edit an already submitted application follow your preferred communication settings.

Applications may be returned to you based on screening results, review of attachments, or review of provided information.



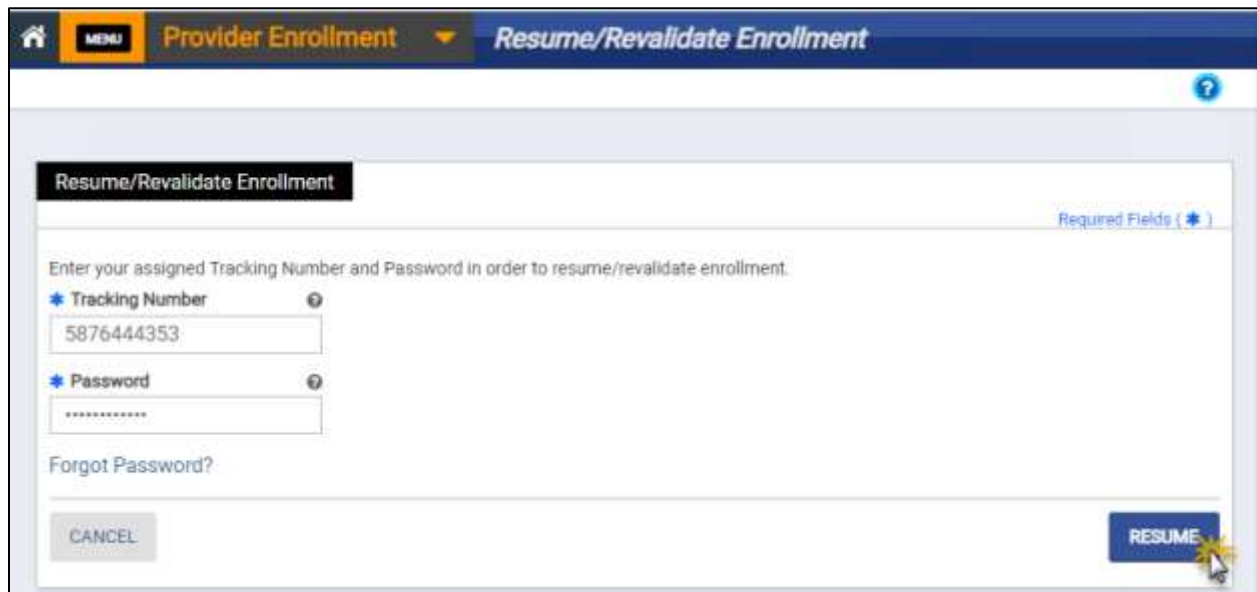
1. Navigate to the Provider Enrollment Home page: <https://virginia.hppcloud.com/>.
2. Click Menu then **Provider Enrollment** then **Resume/Revalidate Enrollment**. Refer to Figure 5-12.

Figure 5-12: Resume Enrollment Menu Option



3. Enter the fields.
4. Click **RESUME**. Refer to Figure 5-13.
  - o For new enrollment, your **Tracking Number** is the ATN emailed to you during enrollment registration.
  - o For revalidation, your Tracking Number is in the revalidation notifications.

Figure 5-13: Start Resume Enrollment

A screenshot of the 'Resume/Revalidate Enrollment' form. The top navigation bar shows 'MENU', 'Provider Enrollment', and 'Resume/Revalidate Enrollment'. The form title is 'Resume/Revalidate Enrollment' with a 'Required Fields (\*)' indicator. Below the title, there is a text prompt: 'Enter your assigned Tracking Number and Password in order to resume/revalidate enrollment.' There are two input fields: 'Tracking Number' with the value '5876444353' and 'Password' with masked characters. A 'Forgot Password?' link is located below the password field. At the bottom of the form, there are two buttons: 'CANCEL' and 'RESUME' (highlighted with a yellow starburst and a mouse cursor).



*Note: If you forget your password, refer to Section 5.4.2 – Reset Forgotten Password.*

5. The PE Wizard opens to the most recently saved module.



*Note: If you are revalidating or re-enrolling, your application will include pre-populated information. Be sure to carefully review all information and make updates as needed.*

## 5.4 Manage Password

If you need to change the password that you created when you started your new enrollment application or are starting your revalidation application, you can use the self-service feature to reset it.



*Note: You must have your Tracking Number to manage your password. Your Tracking Number is included in application notifications. It is also included on downloaded or printed copies of your application.*



*Note: If you are currently enrolled with the Virginia Medicaid program, you also have access to the Provider Portal to manage your provider information. The password for enrollment is NOT the same as the password for Provider Portal.*

### 5.4.1 Change Password

1. Click **Menu** then **Provider Enrollment** then **Manage Password**. Refer to Figure 5-14.

Figure 5-14: Manage Password Menu Option





*Note: Passwords must be between 8 and 20 characters and include at least one number, one upper letter, and lower case letter. The characters ; \* ^ : ~ < > % are not allowed.*

2. The **Manage Password** page appears. Enter your **Tracking Number**, your existing password, and your new password.
3. Click **SUBMIT**. Refer to Figure 5-15.

Figure 5-15: Manage Password

Home MENU Provider Enrollment Manage Password

Required Fields ( \* )

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to verify the current status.

If you have questions or concerns, please reach out to the [redacted] Customer Service Account Team [redacted]

\* Tracking Number ?

\* Enter your existing Password ?

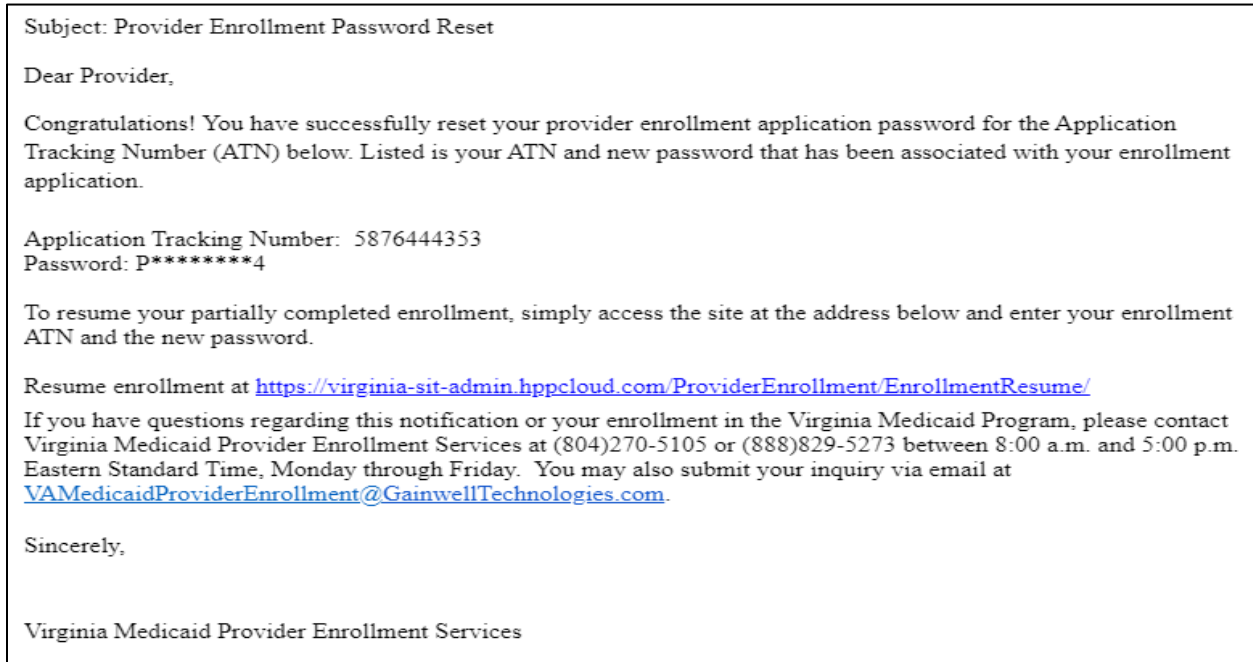
\* New Password ?

\* Confirm New Password ?

[Forgot Password?](#)

4. A confirmation email is sent to the email account that was entered when the enrollment application was started. Refer to Figure 5-16.

Figure 5-16: Password Reset Confirmation Email



## 5.4.2 Reset Forgotten Password

1. Click **Menu** then **Provider Enrollment** then **Manage Password**. Refer to Figure 5-17.

Figure 5-17: Manage Password Menu Option



2. The **Manage Password** page appears. Click the **Forgot Password?** hyperlink. Refer to Figure 5-18.

Figure 5-18: Forgot Password



3. The **Generate One Time Password (OTP)** window displays. Enter your ATN and click **GENERATE OTP**. Refer to Figure 5-19.

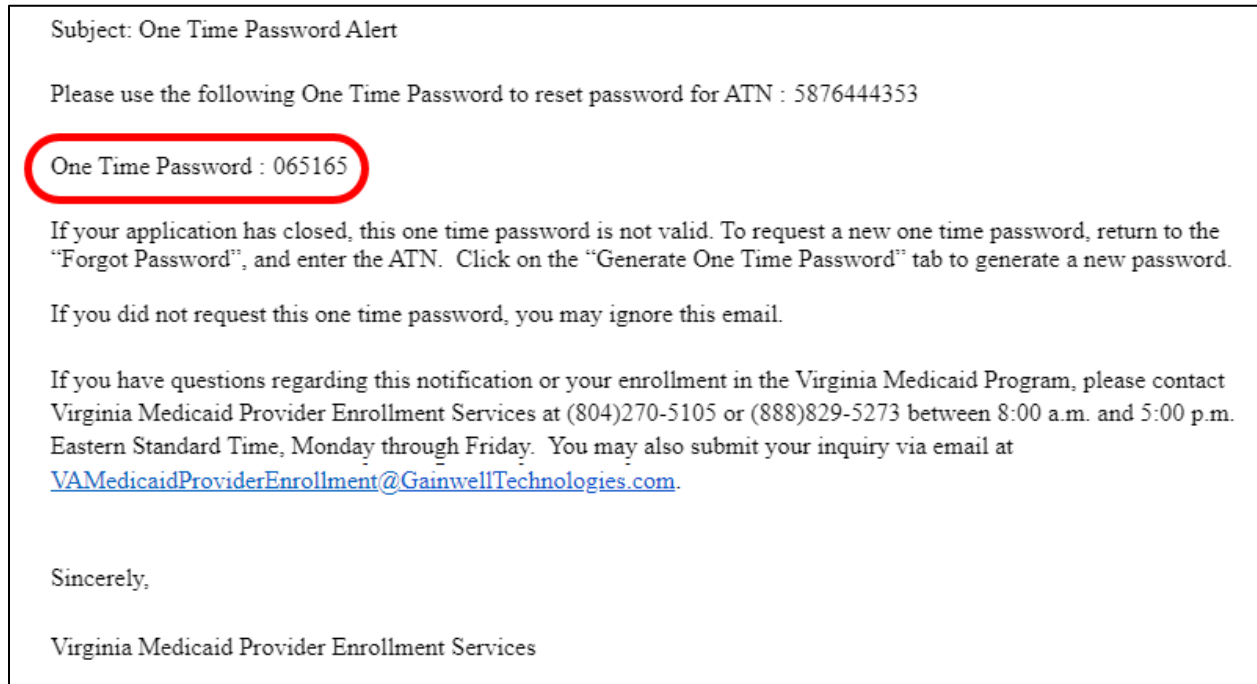
Figure 5-19: Generate One-Time Password



*Note: If the Generate OTP button does not become enabled, try typing rather than copy-and-pasting the OTP.*

4. Retrieve your OTP from the email account that was entered when the enrollment application was started. Check your junk mail folder if you do not receive it within a few minutes. Refer to Figure 5-20.

*Figure 5-20: One-Time Password Email*



5. Return to the window where you requested the OTP.
6. Enter your OTP and new password.

7. Click **SAVE**. Refer to Figure 5-21.

Figure 5-21: Reset Password with OTP

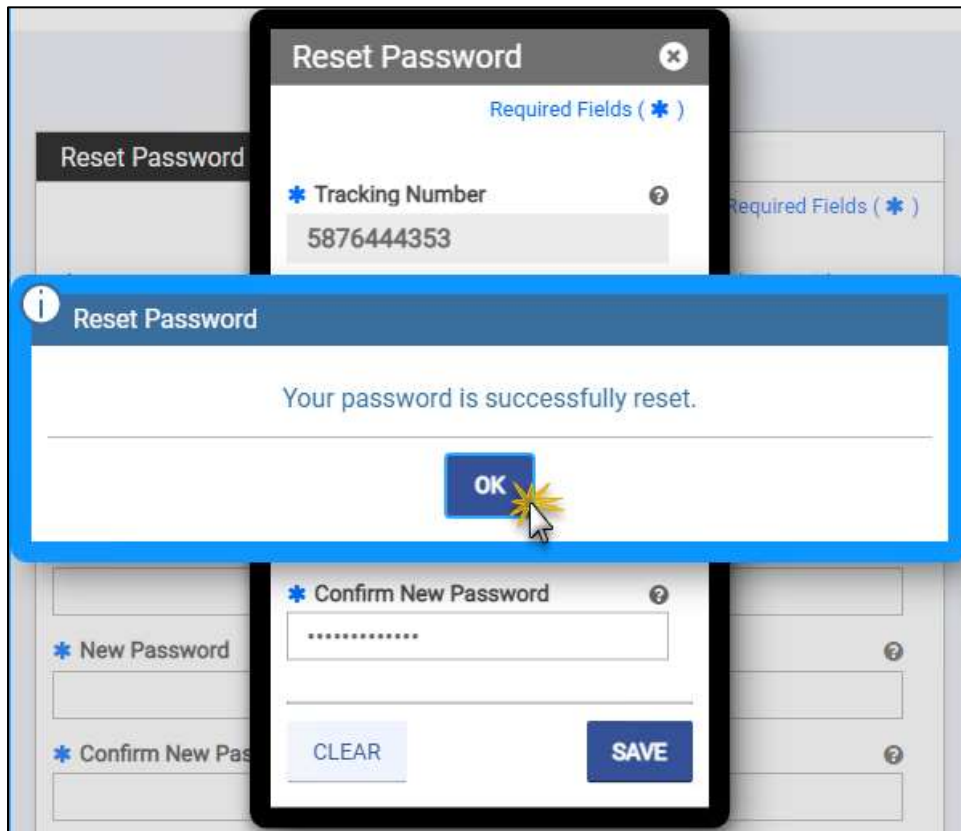
The screenshot shows a mobile application interface for resetting a password. The form is titled "Reset Password" and includes a close button (X) in the top right corner. Below the title, it indicates "Required Fields (\* )". The form contains four required input fields, each marked with a blue asterisk and a question mark icon:

- \* Tracking Number**: A text input field containing the value "5876444353".
- GENERATE OTP**: A button to generate a one-time password.
- \* Enter One Time Password**: A text input field containing the value "065165".
- \* New Password**: A text input field with masked characters (dots).
- \* Confirm New Password**: A text input field with masked characters (dots).

At the bottom of the form, there are two buttons: a light blue "CLEAR" button on the left and a dark blue "SAVE" button on the right. A yellow mouse cursor is pointing at the "SAVE" button.

- Your password is successfully saved. Click **OK**. Refer to Figure 5-22.

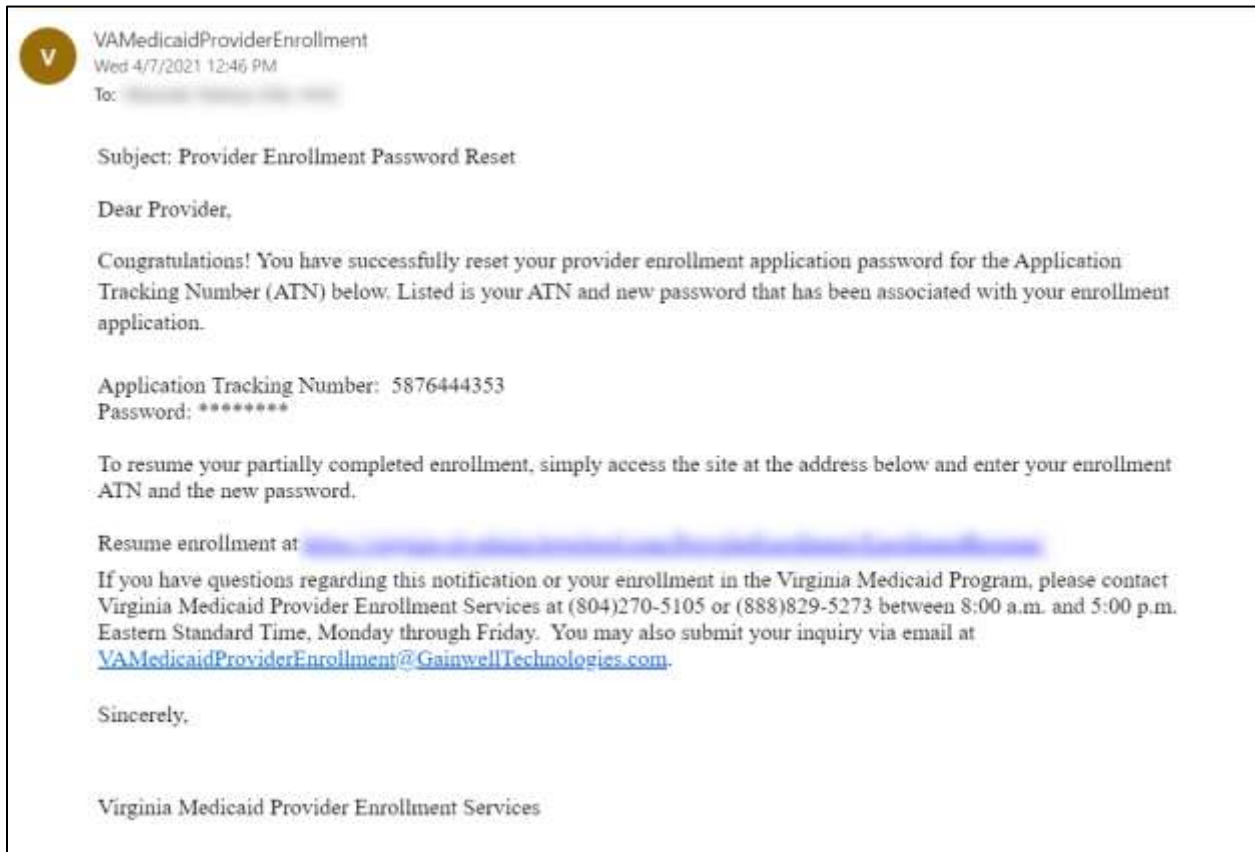
Figure 5-22: Successfully Reset Password





9. A confirmation email is sent to the email account that was entered when the enrollment application was started. Refer to Figure 5-23.

Figure 5-23: Password Reset Confirmation Email



## 5.5 Check Enrollment Status

1. Click **Menu** then **Provider Enrollment** then **Enrollment Status**. Refer to Figure 5-24.

Figure 5-24: Enrollment Status Menu Option



2. The **Enrollment Status** page appears. Enter your ATN and password that was entered when the enrollment application was started.

3. Click **SUBMIT**. Refer to Figure 5-25.

Figure 5-25: Enrollment Status Page

The screenshot shows the 'Enrollment Status' page. The header includes a home icon, a 'MENU' button, and navigation links for 'Provider Enrollment' and 'Enrollment Status'. The main content area has a title 'Enrollment Status' and a 'Required Fields' indicator. The instructions ask for a Tracking Number and Password. The Tracking Number field contains '5876444353' and the Password field is masked with dots. A 'Forgot Password?' link is present. At the bottom, there are 'CANCEL' and 'SUBMIT' buttons. A mouse cursor is pointing at the 'SUBMIT' button.



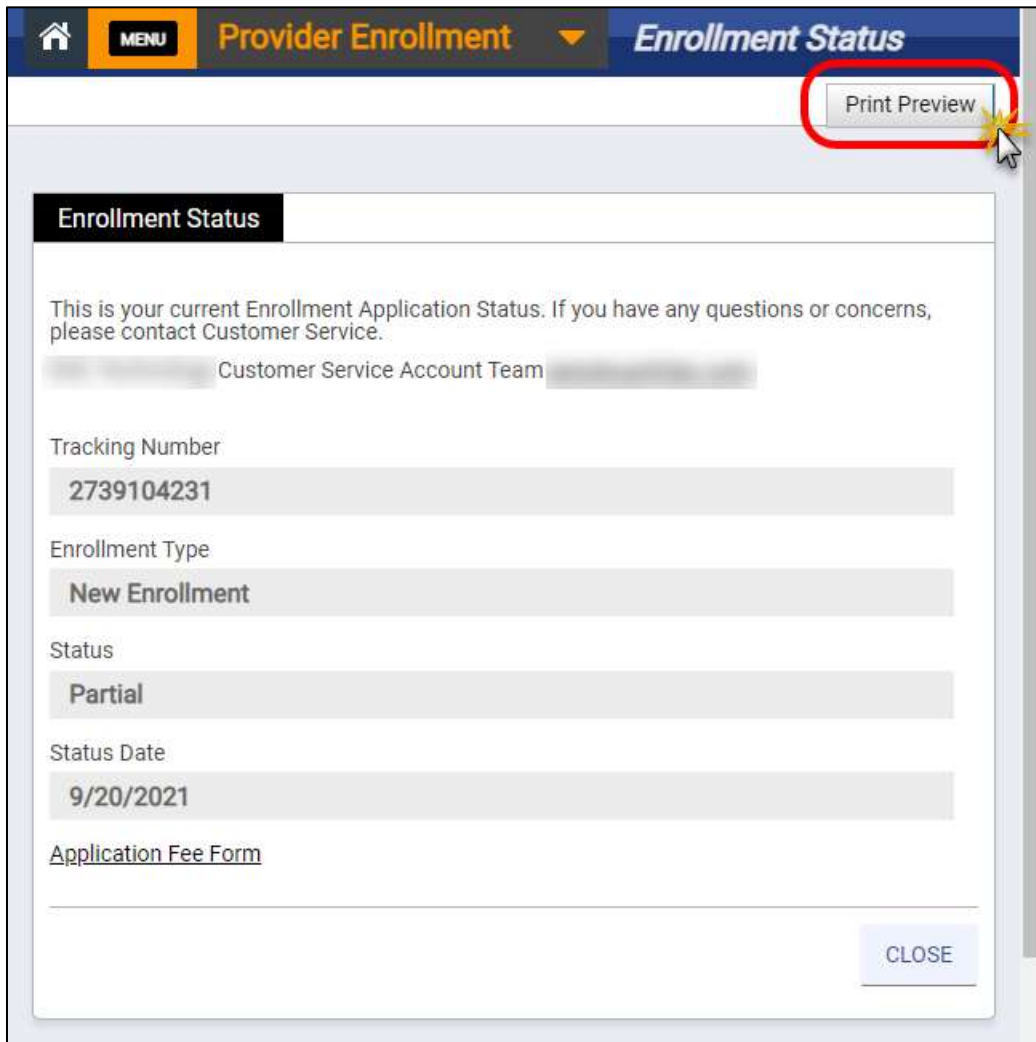
*Note: If you forget your password, refer to Section 5.4.2 - Reset Forgotten Password.*



*Note: To review your submitted application, click Print Preview to open a copy of the application in a new window to view, download, or print. Refer to Section 4.5 - Printing the Application.*

- 4. The enrollment status details appear. Refer to Figure 5-26.

Figure 5-26: Enrollment Status Page Details



For a description of statuses, refer to Table 5-1.

Table 5-1: Enrollment Status

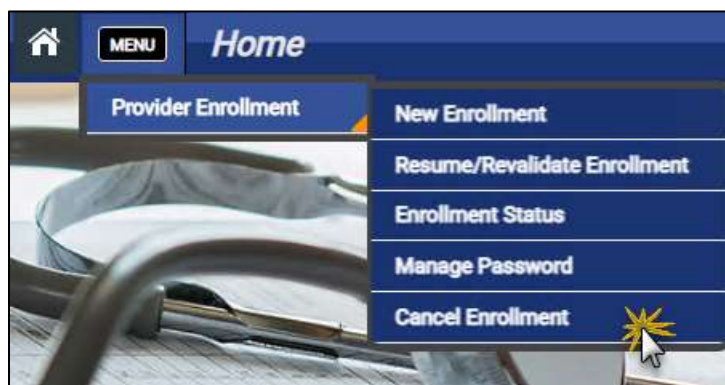
| Status                     | Description   |
|----------------------------|---|
| Partial                    | A new enrollment application has been started but not yet been submitted.   |
| Expired                    | The application was not submitted within the allowed time.  |
| Awaiting Attachments       | The application was submitted but is now pending additional documentation from the Provider. A notification was sent indicating the timeframe to submit the attachment(s).                        |
| Submitted                  | The application has been submitted and sent for screening.  |
| Pending                    | The application has been processed by the screening service and is pending review by a PRSS Enrollment and Management Clerk.  |
| RTP (Returned to Provider) | The application was submitted but requires corrections. A notification was sent indicating the corrections needed and the timeframe remaining to submit them.                                     |
| Approved                   | The application has been approved.  |
| Rejected                   | The application has been denied. A notification was sent with denial reasons. An application is denied if additional documentation or corrections are not provided within appropriate timeframes. |
| Started                    | A provider has requested a re-enrollment application and the pre-populated application has been generated.  |

## 5.6 Cancel Enrollment

Submitted applications may not be cancelled, but you may need to cancel your partially completed application if it contains an error such as an incorrect Enrollment Type or Provider Type that cannot be modified. If you need to cancel a partially completed application, complete the following steps:

1. Click **Menu** then **Provider Enrollment** then **Cancel Enrollment**. Refer to Figure 5-27.

Figure 5-27: Cancel Enrollment Menu Option



2. The **Cancel Enrollment** page appears. Enter your ATN and password that was entered when the enrollment application was started.

3. Click **SUBMIT**. Refer to Figure 5-28.

Figure 5-28: Cancel Enrollment Page

Cancel Enrollment

Required Fields ( \* )

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to Cancel your unsubmitted enrollments. If you have questions or concerns, please reach out to the DXC Technology Customer Service Account Team: [redacted]

\* Tracking Number

\* Password

[Forgot Password?](#)



*Note: If you forget your password, refer to Section 5.4.2 - Reset Forgotten Password.*

4. A **Cancel Enrollment Confirmation** message window appears. Click **Yes**. Refer to Figure 5-29.

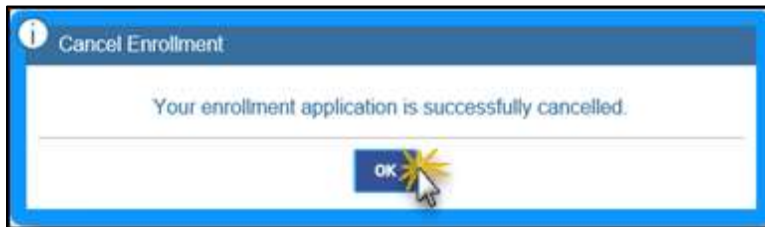
Figure 5-29: Cancel Enrollment Confirmation

Cancel Enrollment Confirmation

Are you sure want to cancel your enrollment?

5. The enrollment is canceled. The **Cancel Enrollment** message window appears. Click **OK**. Refer to Figure 5-30.

*Figure 5-30: Cancel Enrollment*



## 6. Provider Enrollment Wizard

### 6.1 Provider Enrollment Wizard Navigation

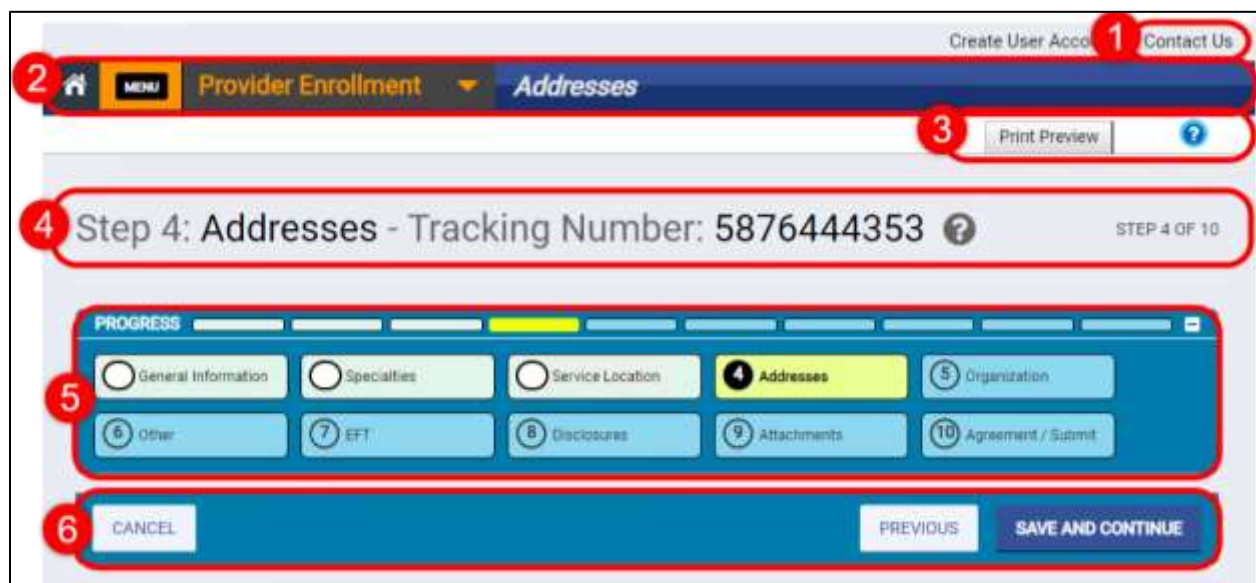
The **PE Wizard** is designed to streamline the enrollment and revalidation process with the following features:

*Table 6-1: Module Features*

| Feature                | Description   |
|------------------------|---|
| Registration           | You will be assigned an ATN at the beginning of the enrollment process, allowing you to save the data you have entered and resume the process at a more convenient time. The registration number is sent to the email address entered by you during enrollment registration.  |
| Address Verification   | Verifies addresses entered throughout the application with the USPS to reduce the risk of submitting your application with an incorrect address.  |
| Electronic Attachments | Prompts you to upload optional and required attachments relevant to the overall screening process as well as your specific provider type and specialty.   |
| Customized Questions   | While there are questions common to all providers, others are specific to the enrollment or provider type. The <b>PE Wizard</b> only presents you with the questions necessary for your application.  |
| Pre-Populated data     | Primarily used for the revalidation process, it minimizes the data you need to enter. During revalidation, you can review and update the existing data and attach any required documents. During the initial enrollment process, pre-populated data cannot be edited as it is generated based on other data already entered in the application. |

Every window in the PE Wizard has a set of standard navigation features, Refer to Figure 6-1.

*Figure 6-1: Application Banner*



Description of each feature:

1. **Contact Us** opens email, phone, and mailing information for PE and Management questions.
2. **Navigation Bar** includes access to the **PE Menu** and a label for current step in the application process.
3. The **Print Preview** button and Help icon are available throughout the application process.
4. **Application Header** indicates your ATN and current enrollment step.
5. **Navigation Menu** allows you to track your application process and return to completed sections.
  - **Progress Bar** gives a visual of how many steps have been completed and how many are remaining.
  - **Module** tiles display all of the enrollment steps relevant to your application.
    - *The step you are working in is highlighted with bold text so that you always know where you are in the process.*
    - *To navigate to a previous step, click the specific tile for a completed step. You must save all required details in a step before it is accessible from the Navigation Menu.*



*Note: If you close your application before submitting all saved data will be retained. Refer to Section **5.3 - Resume Enrollment or Revalidation** to continue your application.*

6. Navigation buttons allow you to seamlessly move through the steps of your application.
  - **Cancel** clears all data entered since the last save. If you want to cancel your entire enrollment application, refer to Section **5.6 - Cancel Enrollment**.
  - **Previous** switches to the preceding step listed on the Navigation Menu.
  - **Save and Continue** continues to the next step listed on the Navigation Menu.



*Note: Your enrollment application changes as you save sections so that only information relevant to you displays. Therefore, the number of steps may change as the system determines if more or less information is needed.*



## 6.1.1 Add/Edit Field Information

Unless otherwise noted, the steps to edit information are the same for all PE Wizard windows.

1. From the desired window, select the field(s) to edit. Depending on the field type, enter text, use a drop-down list, or click the calendar icon.



*Note: For descriptions of field types, refer to Section 4.2 - Interactive Features.*

2. Complete ALL required fields for the step. If you try to save before completing all required fields for the step, you will receive an error message.
3. Click **SAVE AND CONTINUE** at the bottom of the section. Refer to Figure 6-2.

*Figure 6-2: Field Update Example*

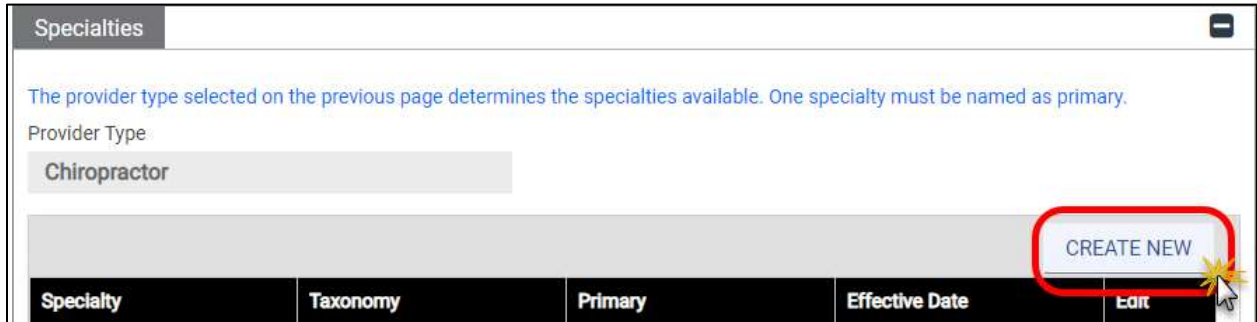
The screenshot shows a web form titled "Provider Information". At the top, there is a header bar with the title and a close button. Below the header, a paragraph of instructions states: "The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals." The form contains several input fields, each with a blue asterisk indicating it is required. The "Legal Business Name" field is highlighted with a red circle and contains the text "Training Group Chiropractic". Other fields include "Tax Name", "Doing Business As Name", "NPI", "EIN", and "IRS Effective D...". The "IRS Effective D..." field has a calendar icon and shows the date "01/01/2012". At the bottom of the form, there are two buttons: "CANCEL" on the left and "SAVE AND CONTINUE" on the right, with a mouse cursor hovering over the latter.

### 6.1.2 Add Table Information

Unless otherwise noted, the steps to edit information are the same for all PE Wizard windows.

1. In the table header, click **CREATE NEW** to add, modify, or inactivate a record. Refer to Figure 6-3.

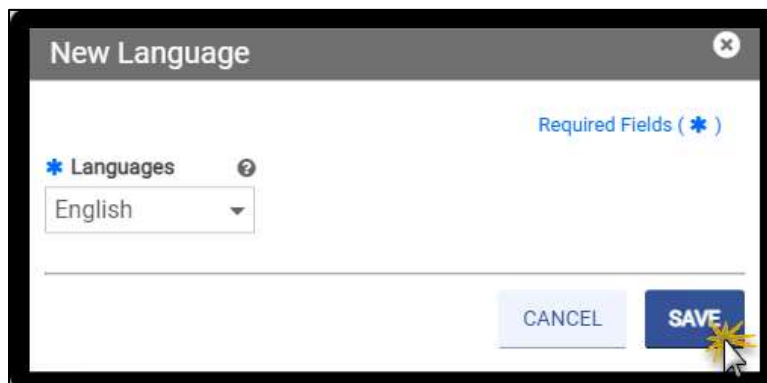
Figure 6-3: Create New Example



*Note: Table view allows you to see all of the records at once. However, to maximize visibility, some fields may not display in this view. To view all fields for a record, continue to the next step in this section.*

2. A window appears with the applicable fields. Complete the fields then click **SAVE**. Refer to Figure 6-4.

Figure 6-4: Create Record Example



3. The record appears in the table. Refer to Figure 6-5.

Figure 6-5: Saved Record Example

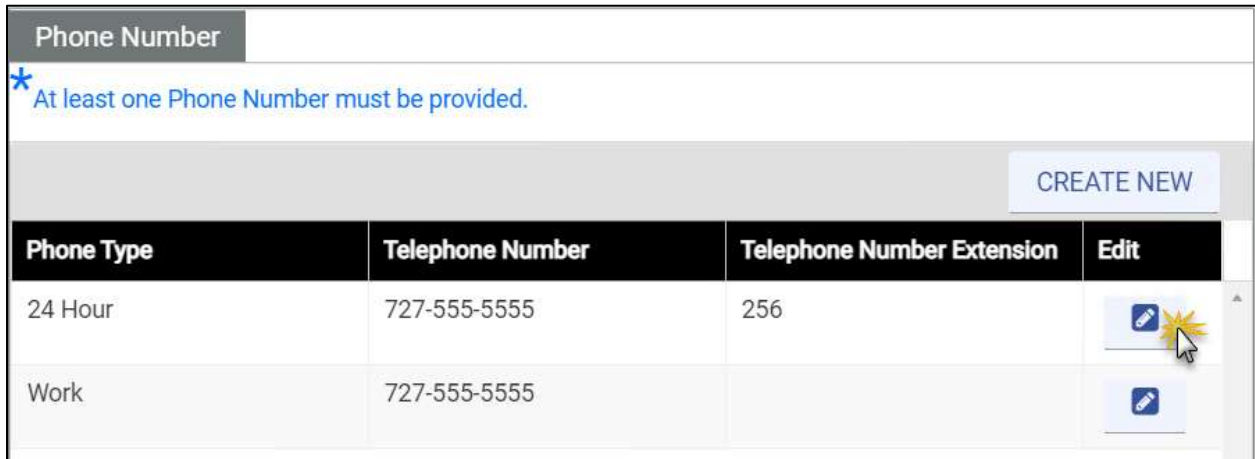


### 6.1.3 View/Edit/Delete Table Information

Unless otherwise noted, the steps to edit information are the same for all **PE Wizard** windows.

1. Click the Edit icon for the record in the table. Refer to Figure 6-6.

Figure 6-6: Open Table Record Example



2. The record detail window appears. Refer to Figure 6-7.
  - a. To remove the record, click **DELETE**.
  - b. To edit the record, update the fields then click **SAVE**.

Figure 6-7: Edit Table Record Example

3. The record is either updated in or removed from the table records.

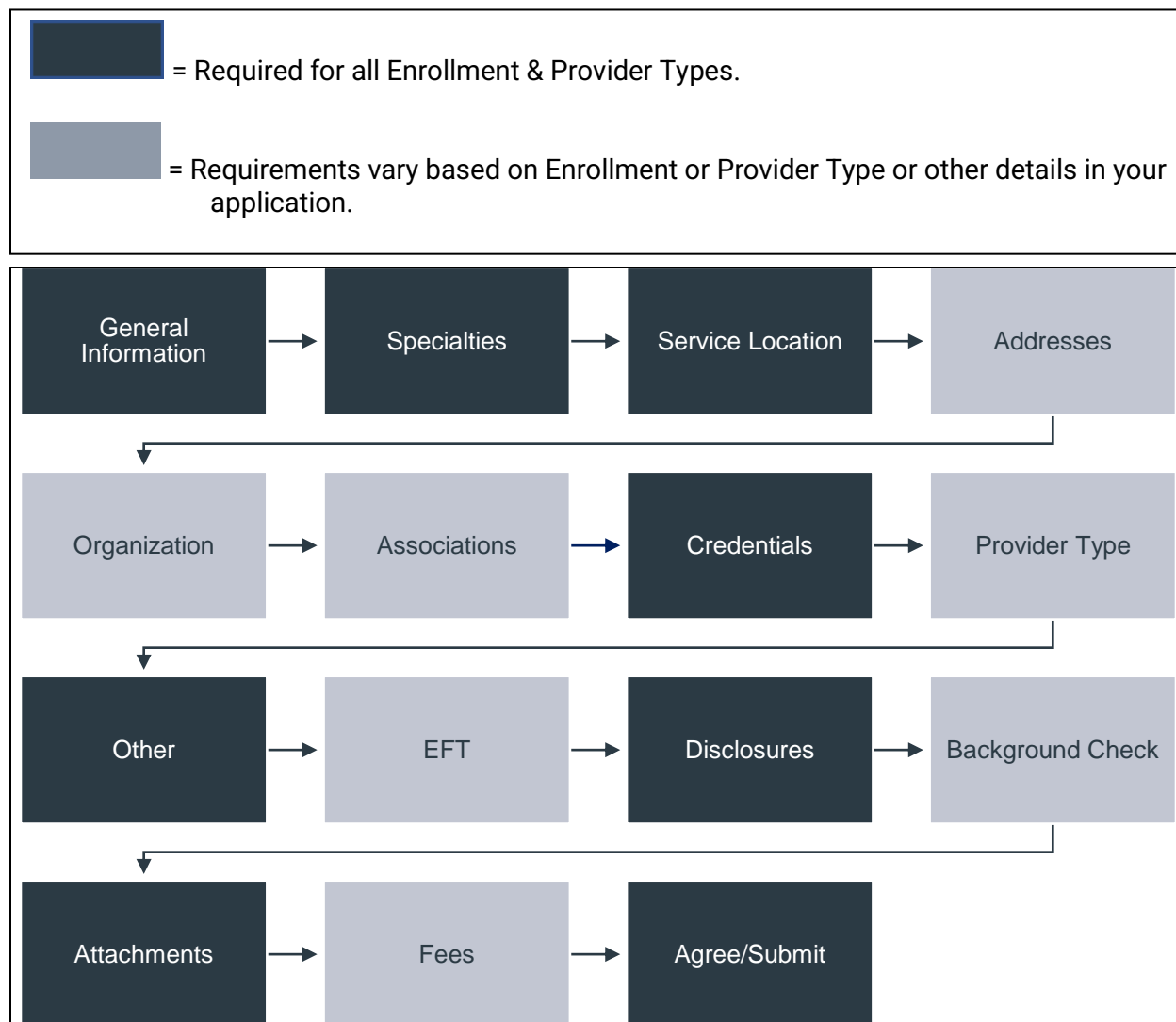
## 6.2 Enrollment Process Overview

The enrollment process in the PE Wizard has various modules that you must complete in order to submit your enrollment application. Refer to Figure 6-8 for the overall enrollment process modules in chronological order as they may appear in your enrollment.



*Note: The PE Wizard dynamically adjusts based on your responses throughout the application such as Enrollment Type, Provider Type, and Specialty. This guide documents all possible enrollment and revalidation steps, so if a step is listed in this guide that does not display in your PE Wizard, then the step is not applicable to your enrollment and you should continue.*

Figure 6-8: PE Flowchart



Description of enrollment modules:

- **General Information** – Choose your Enrollment Type and Provider Type, and add general information pertaining to your enrollment. Information added in this step includes provider information, Medicaid participation, and contact information.
- **Specialties** – Add specialties and taxonomies for the Provider Type that you selected in the General Information module.
- **Service Location** – Add the service location address and all information related to that address (phone number, hours of operation, service address information, etc.).
  - *Individual within a Group (IG)* – Most Service Location information is set by the associated Group(s) so only limited information is collected.

- **Addresses** – Add additional address types apart from the Service Location address. Examples include Pay To and Mail To addresses.
  - *IG* – Addresses module is not applicable.
  - *Ordering, Referring, Prescribing (ORP)* – Addresses module is limited to Service Location and Mail To addresses.
- **Organization** – Add organizational details such as organization type and tax classifications.
  - *IG* – Organization module is not applicable.
  - *ORP* – Organization module is not applicable.
- **Associations** – Disclose individual or group associations for your Enrollment Type. This module limits association to Providers that are already enrolled in Virginia Medicaid.
  - *Facility* – Associations module is not applicable during enrollment. It is optional to associate with ORP providers via Provider Portal after enrollment.
  - *Group* - Associate with IG Provider(s). This step is optional.
  - *Individual* – If applying as both an Individual and IG in a single application, associate with at least one Group. If applying only as an Individual, leave this module blank.
  - *IG* - Required to associate with at least one Group.
  - *ORP* – Associate with Facility. This step is optional.
  - *Atypical* – Associations module is not applicable.
- **Credentials** – Add all relevant licensure and Medicare participation information. Credentials can include License, Medicare, and Medicaid identification (ID).
  - Options vary based on Provider Type and Specialty. The module is hidden if not applicable to your enrollment application.
- **Provider Type** – Add details required for the Provider Type that you selected in the General Information module. Provider Type details can include Certified Laboratory Improvement Amendments (CLIA) and Bed Information.
  - Options vary based on Provider Type and Specialty. The module is hidden if not applicable to your enrollment application.
- **Other** – Add additional required credentials. Other credentials can include Languages, Certifications, and Additional Information.
  - Options vary based on Provider Type and Specialty. This module displays for all Enrollment Types.
- **Electronic Funds Transfer (EFT)** – Add EFT banking information to receive payments

- *IG* – EFT module is not applicable.
- *ORP* – EFT module is not applicable.
- **Disclosures** – Complete the disclosure forms displayed, which can include Provider Self Disclosure, Sub-Contractor Disclosure, Ownership and Control Interest, Managing Employees, and Business Transaction.
- **Background Check** – High-risk Providers complete additional requirements.
  - Only displays if you are high-risk.
- **Attachments** – Add the required supporting documentation listed for your enrollment application.
- **Fees** – Answer application fee questions and pay the amount due, if applicable.
  - Only applicable to Facility providers.
  - If you have already paid the fee to Medicare or another state’s Medicaid program, answer the questions in this module to exempt you from an additional fee.
  - Centers for Medicare & Medicaid Services (CMS) may agree to waive the application fee based on proof of financial hardship for a Provider.
- **Agreement/Submit** – Accept the terms and conditions contained within the **Provider Agreement** and review the information displayed. Once this is completed, obtain a verification code, and submit your enrollment.

### 6.3 Enrollment Types

The enrollment system offers the following enrollment types:

- Atypical Providers
- Facility/Organization
- Group
- Individual
- Individual within Group
- ORP

Not all Enrollment Types are available for all Provider Types. For example, a Pharmacy can only enroll as a Facility, while a Physician can enroll as either an Individual, an IG, or ORP.

#### 6.3.1 Facility

Facility Providers include hospitals, home health agencies, mental health clinics, nursing facilities, laboratories, group homes, residential facilities, and so on. These Providers can only operate under a Type 2 Organization NPI.



*Note: Behavioral Health & Substance Abuse (BHSA) providers enroll as Groups in the Virginia Medicaid program.*

Facilities might have rendering Providers associated with it, depending on the types of services provided, as defined by the Medicaid policy. The individual practitioners are associated with the Facility Provider as rendering providers with a Type 1 Individual NPI.

This application applies to facilities that want to provide medical services and submit reimbursement claims for those services.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard requires the following modules for a Facility enrollment:

*Figure 6-9: Facility Progress Bar*



### 6.3.2 Group

A Group Provider is defined as two or more rendering Providers doing business together under a Group Provider number.



*Note: Behavioral Health & Substance Abuse (BHSA) providers enroll as Groups in the Virginia Medicaid program.*

Provider Groups fall under Type 2 Organizational NPIs. This includes incorporated individual providers.

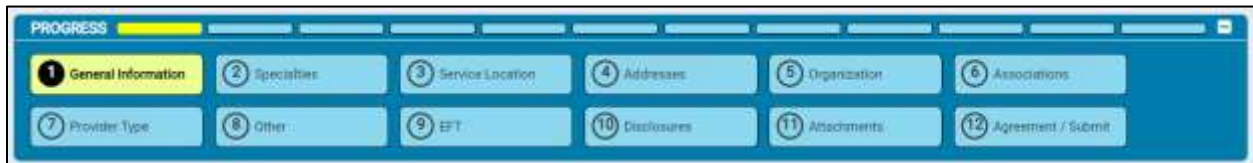


*Note: In the Associations module, select the individual Providers who are already approved with the Virginia Medicaid program that will bill to you. These Providers may also associate with you during or after their enrollment. Changes made after enrollment are completed through the Provider Portal.*



Though additional modules may become applicable and appear as you complete your application, the PE Wizard requires the following modules for a Group enrollment:

Figure 6-10: Group Progress Bar



Note:



- *Type 1 providers are healthcare providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI.*
- *Type 2 providers are healthcare providers who are organizations, including physician groups, hospitals, nursing homes, and the corporations formed when individuals incorporate themselves.*

### 6.3.3 Individual

An Individual Provider is an individual practitioner who both renders and bills services under their Social Security Number (SSN) and a Type 1 Individual NPI. Though the Provider may be registered as an individual or as a business, all payments made are reported to the Internal Revenue Service (IRS) against the individual's SSN.

An individual provider may associate with other entities as a rendering provider. An individual provider employed by an organization is re-enrolled by that organization as a rendering provider when required by Medicaid or the CMS.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard minimally requires the following modules for an Individual enrollment:

Figure 6-11: Individual Provider Progress Bar



### 6.3.4 Individual within a Group (IG)



*Note: If you are going to apply for the Virginia Medicaid program as BOTH an Individual and an IG, select Individual as your Enrollment Type in the General Information section of the application. This will allow you to submit a combined single application for both enrollments.*

*You cannot change your Enrollment Type later in the application. Selecting IG will NOT allow you to also submit as an Individual on the same application.*

The IG Provider is an individual practitioner who renders services and then bills under one or more groups. All payments made are reported to the IRS against the Group’s Employer Identification Number (EIN).

Though additional modules may become applicable and appear as you complete your application, the PE Wizard minimally requires the following modules for an IG enrollment:

*Figure 6-12: Individual within a Group Progress Bar*



*Note: In the Associations module, select the Group(s) that are already approved with the Virginia Medicaid program that you will bill to.*

### 6.3.5 Atypical

An Atypical Provider may be an individual or a business that submits HIPAA transactions but does not meet the HIPAA definition of a health care provider and therefore does not receive an NPI. Atypical Providers provide non-medical services that are utilized for medical purposes.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard requires the following modules (Figure 6-13) for an Atypical Enrollment:

*Figure 6-13: Atypical Progress Bar*



### 6.3.6 Ordering, Referring, Prescribing (ORP)

The Affordable Care Act (ACA) requires that physicians or other eligible Providers enroll in Medicaid to order, refer, prescribe, or attend items or services for Medicaid members, even when they do not submit claims to Medicaid.

Billing providers are required to submit the NPI of the attending, ordering, prescribing, or referring provider on certain claims to receive reimbursement for the service. This includes all prescription claims as well as claims from the following providers:

- Clinical laboratories for ordered tests
- Imaging centers for ordered imaging procedures

ORP Providers must be enrolled in Medicaid with a Type 1 Individual NPI and may enroll independently or be enrolled as part of a Group Provider that is enrolled in Medicaid.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard minimally requires the following modules for an ORP enrollment:

Figure 6-14: ORP Progress Bar



*Note: Enrolling as an ORP Provider does not obligate Practitioners or Providers to see Medicaid patients or to be listed as a Medicaid Provider for patient assignment or referral. Medicaid enrollment does ensure that orders, prescriptions, and referrals for Medicaid patients are accepted and processed appropriately.*

## 7. General Information

The General Information module collects identifying information for screening and enrollment determination.

### 7.1 Initial Enrollment Information

The Enrollment Type and Provider Type selections made in this section primarily determine the information required throughout the application. Depending on your selections, you may receive a message indicating your provider risk-level, limited, moderate, or high, which may modify your requirements for enrollment.

1. Select your Enrollment Type and Provider Type from the drop-down lists.



*Note: If you are going to apply for the Virginia Medicaid program as BOTH an Individual and an IG, select Individual as your Enrollment Type in the General Information section of the application. This will allow you to submit a combined single application for both enrollments.*

2. Enter an Effective Date or click the calendar widget to select it. Refer to Figure 7-1.



*Note: The Effective Date is the first date on which eligible services can be reimbursed by the Virginia Medicaid program. You may request a retroactive date not to exceed one year prior to the application submission date as long as your licensure and credentials are valid for the requested timeframe.*

*Requests from out-of-state providers for retroactive enrollment dates must be supported by attaching a claim in the Attachments section of this enrollment application. All requests are subject to approval.*

**Figure 7-1: Initial Enrollment Information**



*Note: Once you click **Save and Continue** on this page, you will not be able to change your **Enrollment Type** or **Provider Type**. To change these selections, you will have to cancel the enrollment and begin a new one. For guidance in selecting the correct enrollment type, refer to Section **6.3 - Enrollment Types**.*

### 7.2 Provider Information

All Providers enroll based upon their NPI in the National Plan & Provider Enumeration System (NPPES). A Provider must complete a distinct enrollment for each NPI applying for the Virginia Medicaid program.

The section includes up to five sections with fields customized based on your selections. Refer to Figure 7-2.

- a. Individual vs. Business
- b. Provider identifying information
- c. Medicaid enrollment information
- d. Managed Care information
- e. Council for Affordable Quality Healthcare (CAQH) information

Figure 7-2: Provider Information

**Provider Information**

**a** Are you an Individual or a Business? ?  
 Individual  Business

The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.

**b** Title ? \* Last Name ? \* First Name ? Middle Name ? Suffix ?

Gender ? What is your ethnicity? ? \* Birth Date ?  
 select a value...

\* NPI ? \* SSN ?  
 -  -

---

**c** Are you currently enrolled as a Provider? ?  
 Yes  No

Were you previously enrolled as a Provider? ?  
 Yes  No

Are you Medicare enrolled? ?  
 Yes  No

---

This provider enrollment application is for the Department of Medical Assistance Services of Virginia program(s). [If your enrollment includes a request to participate in one or more of the Virginia Medicaid Managed Care Organizations, or to provide Dental or Non-Emergency Transportation Services, your enrollment application and supporting documentation will be forwarded to those selected organizations. Please select from program options below.](#)

\* I will accept patients in the following programs: ?  
 FFS and MCO

**d** \* Please select the programs to which you are applying. You must choose at least one. ?  
 CCC PLUS - VIRGINIA PREMIER HEALTH PLAN INC ✕

**e** Are you registered with CAQH? ?  
 Yes  No



*Note: The combination of your Provider Type and program selection impacts which choices you can make in the **Specialties** module of your application. Returning to this module and changing your answer to the program question may trigger an error if the change is not allowed for your specialty.*

1. Complete all applicable ID fields. Refer to Table 7-1: Provider Identifying Information for the field differences per section based on Enrollment Type. If the Individual vs. Business question displays, the option selected changes the fields for the provider identifying information section.

Table 7-1: Provider Identifying Information

| Enrollment Type              | Individual vs. Business Section | Provider Identifying Information   |
|------------------------------|---------------------------------|--|
| Atypical                     | Individual                      | <ul style="list-style-type: none"> <li>Title, Last Name, First Name, Middle Name, Suffix</li> <li>Gender, Ethnicity, Birth Date</li> <li>SSN</li> </ul>  |
| Atypical                     | Business                        | <ul style="list-style-type: none"> <li>Legal Business Name, Tax Name, Doing Business As Name</li> <li>EIN, IRS Effective Date</li> </ul>   |
| Facility/Organization        | Not Applicable                  | <ul style="list-style-type: none"> <li>Legal Business Name, Tax Name, Doing Business As Name</li> <li>NPI, EIN, IRS Effective Date</li> </ul>  |
| Group                        | Not Applicable                  | <ul style="list-style-type: none"> <li>Legal Business Name, Tax Name, Doing Business As Name</li> <li>NPI, EIN, IRS Effective Date</li> </ul>  |
| Individual                   | Individual                      | <ul style="list-style-type: none"> <li>Title, Last Name, First Name, Middle Name, Suffix</li> <li>Gender, Ethnicity, Birth Date</li> <li>NPI, SSN</li> </ul>   |
| Individual                   | Business                        | <ul style="list-style-type: none"> <li>Title, Last Name, First Name, Middle Name, Suffix</li> <li>Gender, Ethnicity, Birth Date</li> <li>Legal Business Name</li> <li>NPI, SSN</li> <li>EIN, IRS Effective Date</li> </ul> |
| Individual Within Group (IG) | Not Applicable                  | <ul style="list-style-type: none"> <li>Title, Last Name, First Name, Middle Name, Suffix</li> <li>Gender, Ethnicity, Birth Date</li> <li>NPI, SSN</li> </ul>   |
| ORP                          | Not Applicable                  | <ul style="list-style-type: none"> <li>Title, Last Name, First Name, Middle Name, Suffix</li> <li>Gender, Ethnicity, Birth Date</li> <li>NPI, SSN</li> </ul>   |

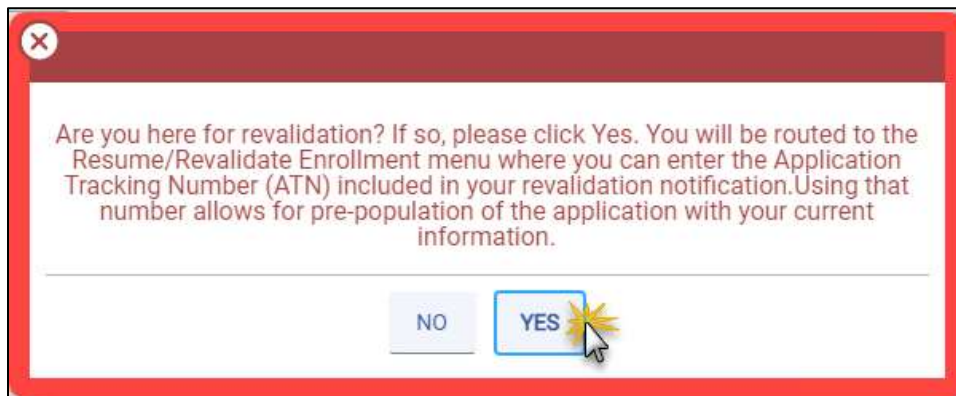
2. Verify that your entered information matches related records:

- **Tax Name** and tax identifier (EIN or SSN) must match the name as it appears on tax documents such as W-9s for Internal Revenue Service records for individuals.
- **Legal Business Name** must match the current name that appears on the corporation and/or other legal documents.
- **Doing Business As Name** is the more commonly used name of your business. If this name must be registered, verify that this matches legal documents.
- **NPI** must match the record for the pay-to-provider as assigned by CMS in NPPEs.
- **IRS Effective Date** must match the date that the EIN was assigned.



3. All enrollment applications include the Medicaid questions. Click the radio button for each question.
  - **Are you currently enrolled as a Provider?** refers to your current enrollment in the Virginia Medicaid program. Select **Yes** if you submitted an application to, were approved by, and are currently in good standing with the Virginia Medicaid program. If you select **Yes**, a message window appears asking if you wish to revalidate your existing enrollment rather than begin a new enrollment.

*Figure 7-3: Revalidation Warning*



- *If you have received a revalidation notification, click **YES** in the message window to be redirected to the page to begin your revalidation. Refer to Figure 7-3 for the message window and Section 5.2 - Start Revalidation for completion instructions.*
  - *If you are completing an application for a new Enrollment Type or new NPI, click **NO** and continue as a new enrollment.*
- **Were you previously enrolled as a Provider?** refers to your prior enrollment in the Virginia Medicaid program. Only select **Yes** if you were active in the Virginia Medicaid program but no longer have active contracts and wish to apply for re-enrollment.
    - *If you select **Yes**, the **Previous Provider Identifier** field appears. Enter a **Service Location ID** from your previous enrollment.*
    - *An application will be generated based on your previous information. Once it is generated, you will receive a notification to begin re-enrollment. Instead of continuing with this application, locate the notification and follow the steps in Section 5.3 - Resume Enrollment or Revalidation.*
  - **Are you Medicare enrolled?** is used to trigger a fee waiver request for Medicaid participation as fees already paid to Medicare may be applied. Additionally, it may be used for post-enrollment activities such as processing crossover claims.



- Select from the **I will accept patients in the following programs** drop-down to indicate if you accept patients for FFS billing, MCO billing, or both.

If you select MCO(s) only or FFS and MCO, a programs field appears to select your MCO(s). Multiple programs may be selected; however, at least one is required. Click the field and select from the drop-down list. Refer to Figure 7-4.

*Figure 7-4: MCO and/or FFS Selection*

This application is for enrollment into the Fee-for-Service (FFS) program only. It will not be shared with the other state Managed Care Organizations. You will need to apply directly to each MCO program once your FFS application is approved. Your answer to the question below is strictly for informational purposes. Please select the appropriate option:

\* I will accept patients in the following programs: ?

FFS and MCO

\* Please select the programs to which you are applying. You must choose at least one. ?

CCC PLUS – VIRGINIA PREMIER HEALTH PLAN INC ✕ MED 4 - VIRGINIA PREMIER HEALTH PLAN, INC. ✕ ✕

CCC Plus - UnitedHealthcare Community Plan

CCC Plus – Virginia Premier Health Plan Inc

Med 4 - Aetna Better Health

Med 4 - HealthKeepers, Inc.

Med 4 - Magellan Complete Care of VA

Med 4 - Optima Health Plan

Med 4 - Virginia Premier Health Plan, Inc.



*Note: Certain Provider Types are restricted from selecting FFS Only or MCO Only.*

*Note: Dental providers have these program options, depending on the Provider Type and Specialty Type. Refer to Figure 7-5.*

- 040 Dental and 041 Dental Clinic Provider Types only display Dental Only (CDT)
- 042 Dental Medical and 048 Dental Clinic Medical display FFS and MCO (CPT), FFS Only (CPT), and MCO Only (CPT)



*Figure 7-5: Individual Dental Provider Programs*

This application is for enrollment into the Fee-for-Service (FFS) program only. It will not be shared with the other state Managed Care Organizations. You will need to apply directly to each MCO program once your FFS application is approved. Your answer to the question below is strictly for informational purposes. Please select the appropriate option:

\* I will accept patients in the following programs: ?

select a value...

select a value...

FFS and MCO (CPT)

FFS Only (CPT)

MCO Only (CPT)

- If submitting an Individual, IG, or ORP enrollment application, select whether you are registered with the CAQH. If you select **Yes**, the **CAQH Provider ID** field appears.

### 7.3 Contact Information

This section indicates your preferred communications and contact information for notifications related to enrollment as well as communications after approval. Credentials to access Provider Portal to manage your information after approval into the Virginia Medicaid program will be created at the end of this application.

1. Complete the contact fields to receive notifications related to your application.



*Note: If additional information needs to be added or corrected, this contact information is used. Returned applications must be corrected and re-submitted within 30 days of notification to avoid cancellation.*

2. Click **Save and Continue**. Refer to Figure 7-6.



*Note: When you click **Save and Continue**, if applying as an IG, the system verifies if your NPI and selected Provider Type are already linked to a Service Location. If there is a match, you will receive an error indicating that you are already enrolled with a Group. To confirm whether you need to complete an application, contact the PRSS Enrollment and Management Clerks.*

Figure 7-6: Contact Information

The screenshot shows a 'Contact Information' form with the following fields and values:

- Title: [Empty]
- Last Name: Trainer
- First Name: Sample
- Middle Name: [Empty]
- Suffix: [Empty]
- Address Line 1: 123 Main St.
- Address Line 2: [Empty]
- City: Richmond
- State: Virginia
- Country: United
- ZIP Code/ P...: 23173-0000
- Phone Type: Contact
- Telephone ...: 804-555-5555
- Telephone Nu...: [Empty]
- Fax Number: [Empty]
- Email Address: [Redacted]
- Confirm Email: [Redacted]
- Preferred Communicati...: Email

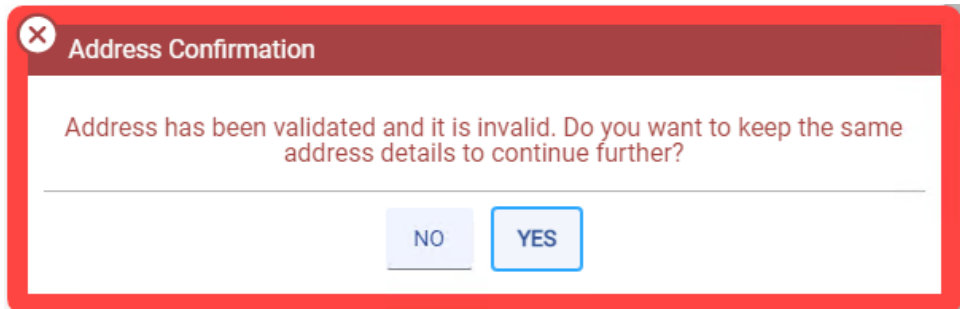
Buttons: CANCEL (bottom left), SAVE AND CONTINUE (bottom right, highlighted with a mouse cursor).

Note: Contact Information address is validated against US Postal Service records.

- If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.
- If the address is not found or does not match, it can be overridden by clicking Yes in the Address Confirmation message window. Note that if you choose to continue with an invalid address, you risk not receiving mailed notifications associated with this application. Refer to Figure 9-4.



Figure 7-7: Address Confirmation



## 8. Specialties

The Specialties module collects specialties and taxonomies based on the Enrollment Type and Provider Type selected in the General Information window.

### 8.1 Add Specialty

Since the Specialty selected impacts which Taxonomies are applicable, adding a Specialty has extra features.

1. In the **Specialties** section, click **CREATE NEW** to add a specialty. Refer to Figure 8-1. The **New Specialty** window appears.

Figure 8-1: Add Specialties

2. If applicable, select the **Make Primary** check box if entering the primary specialty.



*Note: Depending on your Provider Type, you may have multiple specialties with overlapping active dates, but exactly one Specialty must be designated as Primary. The Primary Specialty is used by Virginia Medicaid for outreach communications and to drive business rule integrations such as those used in claims processing.*

3. Select your **Specialty** from the drop-down list.
4. Select your **Taxonomy** from the drop-down list.



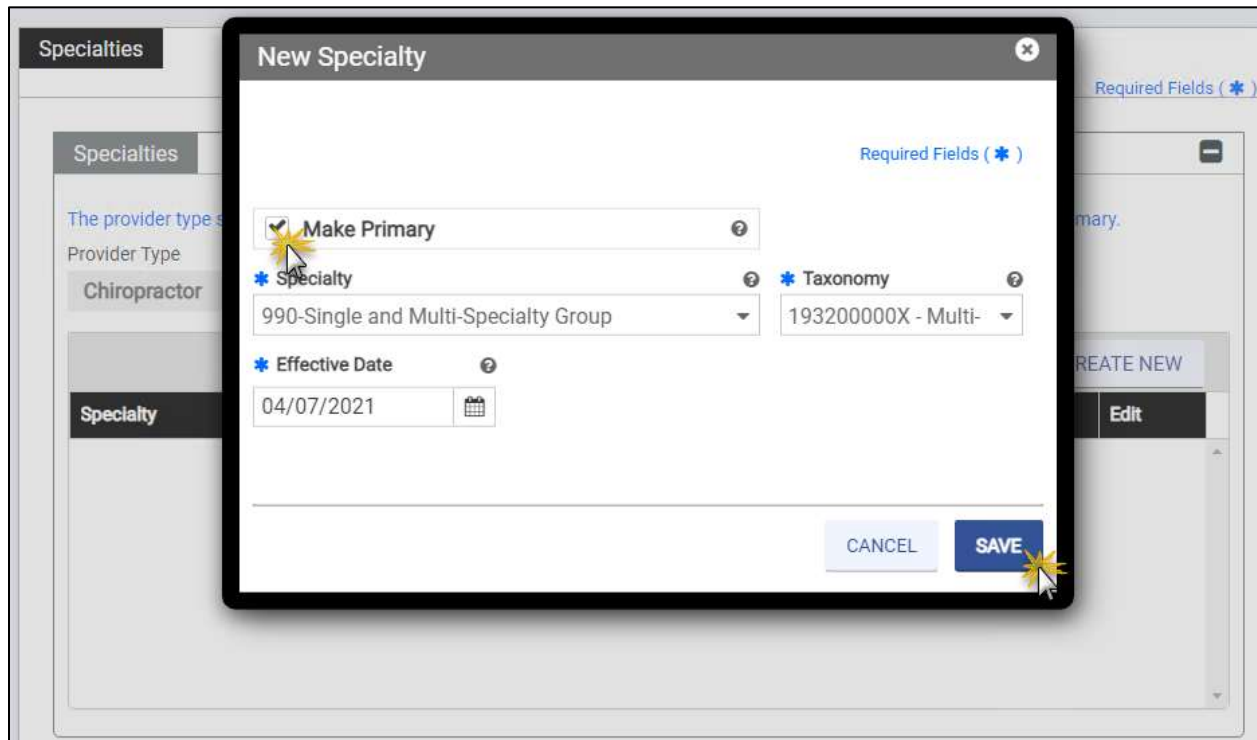
*Note: The Taxonomy value options correspond to the selected Specialty.*

*During review of your application, your Primary Specialty and Taxonomy will be screened and validated against the NPPES registry for the NPI listed in the General Information window.*

5. Enter the **Effective Date**.

6. Click **Save**. Refer to Figure 8-2.

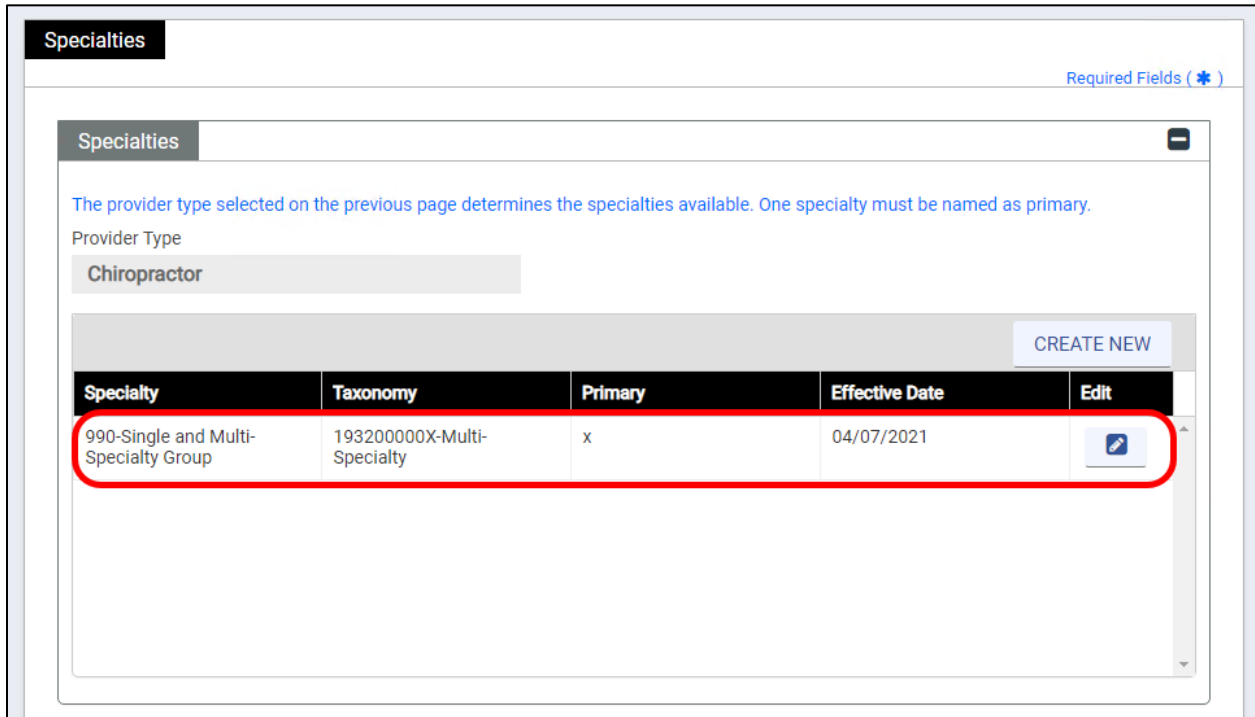
Figure 8-2: New Specialty Window



*Note: If you selected FFS and MCO program options in the General Information module and select a specialty that is MCO Only, you will receive an error message.*

- The new specialty appears in the table. Refer to Figure 8-3.

Figure 8-3: Added Specialty



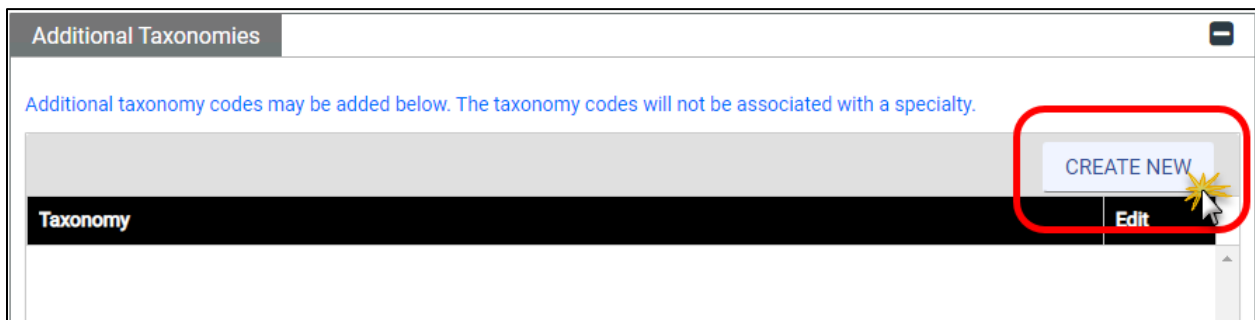
- Optional:* Add additional specialties with associated taxonomies. Repeat the steps in this section.

## 8.2 Add Additional Taxonomies

All taxonomies under which services are billed must be included in the application. Use the Additional Taxonomies section to add any taxonomies not reported in the Specialties table. Taxonomy values displayed are those allowed for the specialty selected, if no taxonomies display there are no additional values available for that specialty.

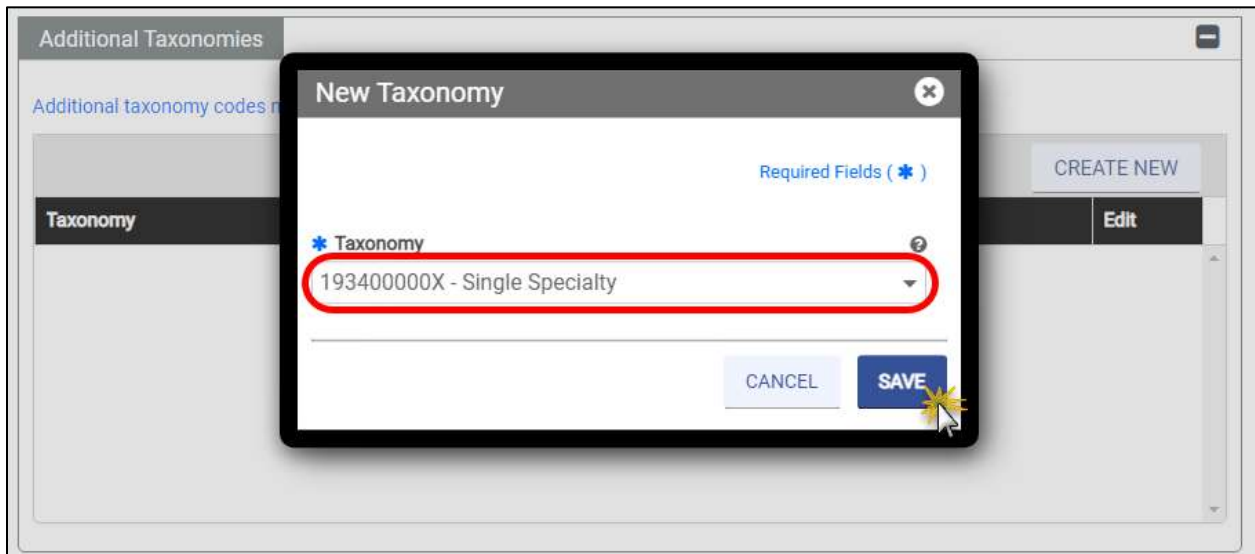
- In the **Additional Taxonomies** section, click **CREATE NEW**. Refer to Figure 8-4.

Figure 8-4: Add Taxonomy



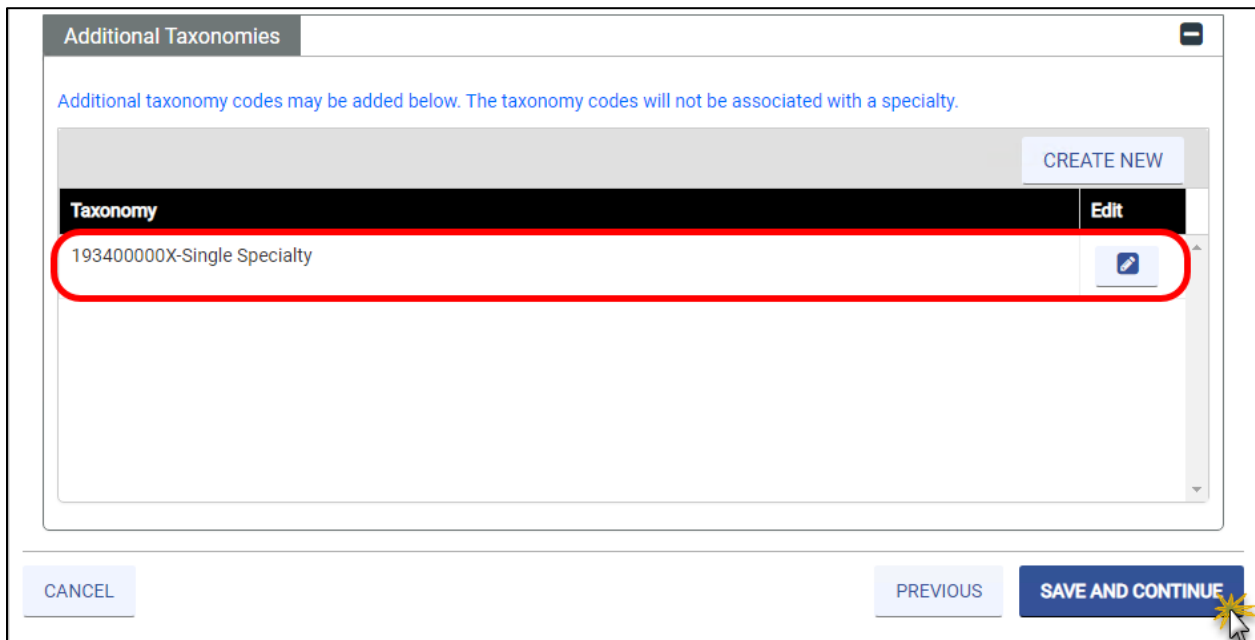
2. Select a **Taxonomy** from the drop-down list and click **SAVE**. Refer to Figure 8-5.

Figure 8-5: New Taxonomy



3. The new taxonomy appears in the table.
4. Click **SAVE AND CONTINUE**. Refer to Figure 8-6.

Figure 8-6: Added Taxonomy



## 9. Service Location

The Service Location module captures the Service Location address(es) and all related information to that address. Providers participating in both FFS and MCO programs are eligible for more than one Service Location; however, your Provider Type and Specialty may limit you to a single Service Location.

*Note: For IGs, the Service Location information is set by your Group. Answer the few questions specific to your services and click SAVE AND CONTINUE. Refer to Figure 9-1.*

**Figure 9-1: IG Service Location**




*Note: For Individuals also applying as an IG on a single application, enter your Individual Service Location here. When you associate with your Group in a later step, Group Service Locations will be associated with your application.*

*If you are an Individual with two or more Service Locations who also desires to apply as an IG, you will need to submit a separate, new enrollment for your IG application.*



Figure 9-2: Service Location

**Service Location (For Revalidations, if a Service Location is listed below, please select Edit and review all data)**

Required Fields ( \* )

Service Location -

CREATE NEW

| Location Name   | Address Line1 | Address Line 2 | City     | State    | Primary | Edit |
|-----------------|---------------|----------------|----------|----------|---------|------|
| First Location  | 123 Main St.  |                | Richmond | Virginia | x       |      |
| Second Location | 124 Main St.  |                | Richmond | Virginia |         |      |

CANCEL
PREVIOUS
SAVE AND CONTINUE

To add a new Service Location, complete the following steps:

1. Click **Create New** in the **Service Location** section to open the **New Service Location** window.
2. Complete first section. Refer to Figure 9-3.
  - a. If applicable, click the **Make Primary** check box. There must be one primary service location for Atypical, Facility, Group, and Individual applications.
    - **Location Name** must be a unique name. It is primarily used to identify the rendering location when submitting claims.
    - *Contact information is for communication regarding this Service Location after Virginia Medicaid enrollment approval.*

Figure 9-3: Add New Service Location

Note: Addresses are validated against USPS records.

- If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.
- If the address is not found or does not match, it can be overridden by clicking Yes in the Address Confirmation message window. Note that Service Locations must be physical addresses and that they will closely reviewed during enrollment screening. Refer to Figure 9-4.



Figure 9-4: Address Confirmation

3. Click **Create New** in the **Phone Number** section to open the **New Phone Number** window.

- Complete all fields and click **SAVE**. Refer to Figure 9-5. Repeat this step if more than one phone number is applicable to the Service Location.

Figure 9-5: New Phone Number

- Click the **Hours of Operations** check box to open the table to indicate the days and times patient services are available at the Service Location. Refer to Figure 9-6.

Figure 9-6: Hours of Operation

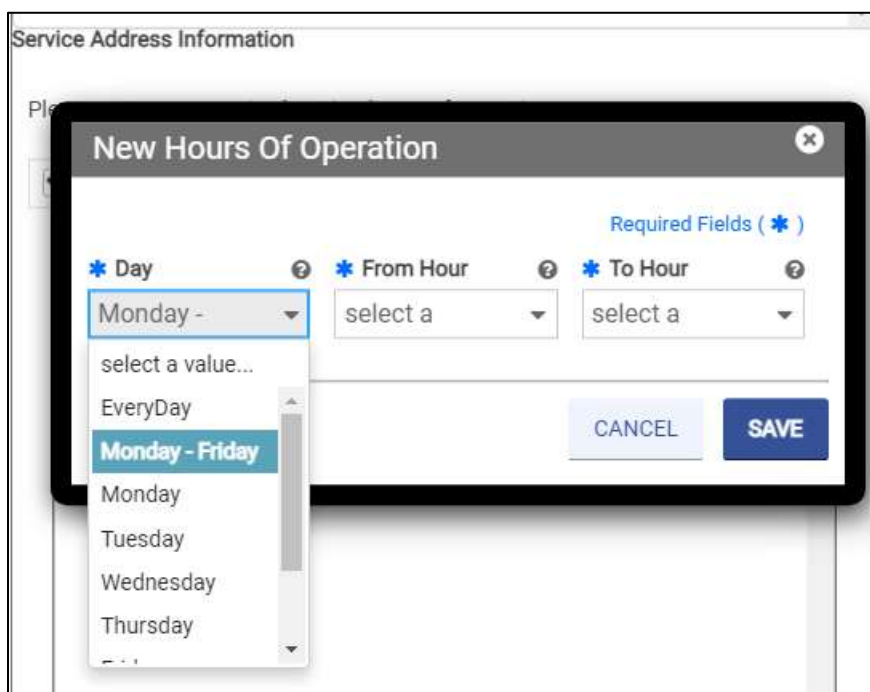
| Day | From Hour | To Hour | Edit |
|-----|-----------|---------|------|
|     |           |         |      |



*Note: Only certain Provider Type/Specialty combinations require Hours of Operation to be included with the enrollment applications.*

6. Complete the fields then click **SAVE**. Refer to Figure 9-7. If applicable, click **CREATE NEW** again to add alternate hours.
  - To help you quickly complete this section, the **Day** drop-down list includes an **Everyday** option to include weekends as well as a **Monday-Friday** option to select all business days. Use these options if your hours are the same on all days.
  - **From Hour** includes a **24 Hours** option. If selected, the **To Hour** is no longer applicable.

*Figure 9-7: New Hours of Operation*



7. Complete the remaining questions and **Service Address Information** section.
  - a. Click **Yes** or **No** to indicate whether the Service Location is Americans with Disabilities Act (ADA) compliant.
  - b. Click **Yes** or **No** to indicate if the Service Location is accessible by public transportation.
  - c. In the **What are your after-hour arrangements?** field, enter your after-hour arrangements. An example is the name and contact information of the covering physician or an answering service.
  - d. If applicable, select the Accepting New Patients with Special Needs check box.

- e. If applicable, select the **Age Restrictions** check box. If selected, additional questions appear.
    - i. In the **Min Age** field, enter the minimum age (in years) for acceptable patients. If you do not have a minimum, enter 0.
    - ii. In the **Max Age** field, enter the maximum age (in years) for acceptable patients. If you do not have a maximum, enter 100.
  - f. Select the appropriate option in the **Accepting New Patients** drop-down list.
  - g. If applicable, select the appropriate option in the **Preferred Patient Gender** drop-down list to indicate if there are gender restrictions at the Service Location.
8. If you are a dental provider, answer the additional questions. Click **Yes** or **No** to indicate whether the Service Location provides dental services for children with specialized needs. Use the text box to provide additional information for a specific question.
- Special health care needs.
  - Mobility limitations such as those who use a wheelchair.
  - Special needs (such as those with autism, mental or intellectual disability) who may have difficulty communicating or cooperating.
  - Sedation services, if needed, for complex medical or behavioral conditions.

9. Click **SAVE** to add the location to the Service Location table on the main page of the PE Wizard. Refer to Figure 9-8.

Figure 9-8: Service Address Information

The screenshot displays a web form titled "Service Address Information". The form is divided into two main sections. The top section contains several fields: "Is the service location ADA compliant?" with radio buttons for "Yes" (selected) and "No"; "Is the service location accessible by public transportati..." with radio buttons for "Yes" (selected) and "No"; "What are your after-hour arrangements?" with a text input field containing "Leave Voicemail"; "Phone Type" with a dropdown menu set to "24 Hour"; "Emergency Phone Numb..." with a text input field containing "727-555-5555"; and "Telephone N..." with a text input field containing "789". The bottom section, titled "Service Address Information", contains a "Service Address Information" header, a checked checkbox for "Accepting New Patients with Special Needs", a checked checkbox for "Age Restrictions", "Min Age" (12) and "Max Age" (100) input fields, a dropdown for "Accepting New Patients" set to "Accepting new patients", and a dropdown for "Preferred Patient Gender" set to "No Restrictions". At the bottom of the form are three buttons: "DELETE", "CANCEL", and "SAVE".

10. If you have more than one Service Location, repeat all steps in this section. When you are done adding Service Locations, click **SAVE AND CONTINUE**.

*Note: MULTIPLE SERVICE LOCATIONS – Only certain Provider Types are allowed to add more than one Service Location on a single application. Additional Service Locations must apply to the same Provider Type, Tax ID and NPI.*

*If the Create New button is disabled after entering one Service Location, this means only one is allowed. Refer to Figure 9-9.*



**Figure 9-9: Single-Service Location Restrictions**

Service Location (For Revalidations, if a Service Location is listed below, please select Edit and review all data)

Required Fields (★)

Service Location

| Location Name                     | Address Line1 | Address Line 2 | City     | State    | Primary | Edit |
|-----------------------------------|---------------|----------------|----------|----------|---------|------|
| Practice Primary Service Location | 789 Main St   | Suite 123      | Richmond | Virginia | X       |      |

## 10. Addresses

The Addresses module supports multiple address types in addition to the service location address. Addresses not applicable to your enrollment may be left blank; addresses other than a Service Location may be added or edited through the Provider Portal after enrollment approval.



*Note: The Service Location address entered in the Service Location module as well as other addresses entered in this window can be optionally copied to the other address types.*

*If **Same As** is selected for any of the addresses, the address information auto-populates and the fields cannot be edited.*



*Note: Use the expand and collapse icons on the right to view or hide the details of address types.*

The **Mail To** and **Pay To** address information is required for the following enrollment types:

- Individual
- Atypical
- Group
- Facility

IG enrollments are not prompted for address information because the system defaults to information provided by the associated Group.

ORP enrollments request the Mail To address only, as no payments are made to ORP Providers from Medicaid.

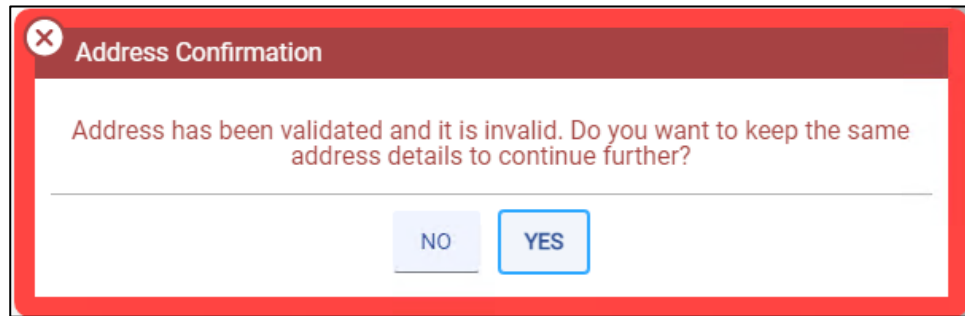
*Note: Addresses are validated against USPS records.*



- *If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.*
- *If the address is not found or does not match, it can be overridden by clicking Yes in the Address Confirmation message window. Note that Service Locations must be physical addresses and that they will closely reviewed during enrollment screening. Refer to Figure 10-1.*



Figure 10-1: Address Confirmation



## 10.1 Pay To

1. If the **Pay To** address is the same as the **Service Location** address, select the **Same as Service Location** check box. If the check box is selected, the **Pay To** fields auto-populate with Service Location details.
2. If the **Pay To** address is different from the **Service Location** address, complete the address fields.
3. If the **Pay To** email and phone numbers are the same as the **Service Location** address, select the **Same as Service Location** check box. If the check box is selected, the **Pay To** fields auto-populate.
4. If the **Pay To** email and phone are different, complete the email and phone number fields. Refer to Figure 10-2.

Figure 10-2: Pay-To Address

**Addresses**
Required Fields ( \* )

**Pay To**

You may enter the Pay To address information only after completing all the required fields for the Service Location address.

Same as Service L

**\* Location Name**  
First Location

---

**CONTACT INFORMATION**

**\* Last Name**  
Trainer

**\* First Name**  
Service

Middle Name

Suffix

**Billing Agent Name**

**\* Address Line 1**  
123 Main St.

**Address Line 2**

**\* City**  
Richmond

**\* State**  
Virginia

**\* ZIP Code/ P...**  
23173-0000

**\* Country**  
United States

Same as Service L

**Email**

**Confirm Email**

**Phone Number**

\* At least one Phone Number must be provided.

| Phone Type | Telephone Number | Telephone Number Extension | Edit |
|------------|------------------|----------------------------|------|
| Work       | 804-555-5555     | 111                        | ✎    |

## 10.2 Mail To

1. If the **Mail To** is the same as the Pay To or **Service Location** address, select the option in the **Same as** drop-down list. The address auto-populates. Refer to Figure 10-3.

Figure 10-3: Mail-To Address Same As

The screenshot shows a web form titled "Mail To" with a close button in the top right corner. Below the title, there is a blue instructional message: "You may enter the Mail To address only after completing all the required fields for the Service Location address." Below this message is a "Same as" dropdown menu with a question mark icon. The dropdown is currently open, showing three options: "select a value..." (highlighted), "Service Location", and "Pay To". At the bottom of the form, the text "CONTACT INFORMATION" is partially visible.

2. If the **Mail To** address is not the same as the **Pay To** or **Service Location** addresses, complete the required fields.
3. If the **Mail To** email and phone numbers are the same as the **Pay To** address or **Service Location** address, select the option in the **Same as** drop-down list. The fields auto-populate.

- If the **Mail To** email and phone numbers are different, complete the email and phone number fields. Refer to Figure 10-4.

Figure 10-4: Mail-To Address

Mail To

You may enter the Mail To address only after completing all the required fields for the Service Location address.

Same as ?

Service Location

\* Location Name ?

First Location

---

**CONTACT INFORMATION**

\* Last Name ? \* First Name ? Middle Name ? Suffix ?

Trainer

Service

\* Address Line 1 ? Address Line 2 ? \* City ? \* State ?

123 Main St.

Richmond

Virginia

\* ZIP Code/ P... ? \* Country ?

23173-0000

United States

---

Same as ?

Service Location

\* Preferred Communication ?

Email  Phone  Mail

Email ? Confirm Email ?

Phone Number

\* At least one Phone Number must be provided.

| Phone Type | Telephone Number | Telephone Number Extension | Edit |
|------------|------------------|----------------------------|------|
| Work       | 804-555-5555     | 111                        |      |
|            |                  |                            |      |



*Note: The Preferred Communication in the **General Information – Contact Information** section overrides the Preferred Communication selected here.*

### 10.3 Internal Revenue Service (IRS) Address

1. If the **IRS Address** is the same as the **Pay To, Mail To** or **Service Location** address, select the option in the **Same as** drop-down list. The address auto-populates. Refer to Figure 10-5.

Figure 10-5: IRS Address Same As

The screenshot shows a web form titled "IRS Address". At the top, there is a header bar with the text "IRS Address" and a close button. Below the header, a blue message states: "A Location Name must be entered if any data is entered into any of the regularly mandatory fields." The main form area contains a "Same as" label with a help icon. Below this is a dropdown menu currently showing "select a value...". The dropdown is open, displaying three options: "select a value..." (highlighted in dark grey), "Service Location", "Pay To", and "Mail To".

2. If the **IRS Address** is not the same as the **Pay To, Mail To** or **Service Location** addresses, complete the required fields.
3. If the **IRS Address** email and phone numbers are the same as the **Pay To, Mail To** or **Service Location** address, select the option in the **Same as** drop-down list. The fields auto-populate.

- If the **IRS Address** email and phone numbers are different, complete the email and phone number fields. Refer to Figure 10-6.

Figure 10-6: IRS Address

IRS Address
☰

A Location Name must be entered if any data is entered into any of the regularly mandatory fields.

Same as ?  
Service Location

Location Name ?  
First Location

---

**CONTACT INFORMATION**

Last Name ? First Name ? Middle Name ? Suffix ?  
Trainer Service

Address Line 1 ? Address Line 2 ?  
123 Main St.

City ? State ? Country ? ZIP Code/ Pos... ?  
Richmond Virginia United States 23173-0000

Same as ?  
Service Location

Email ? Confirm Email ?

Phone Number
☰

| Phone Type | Telephone Number | Telephone Number Extension | Edit |
|------------|------------------|----------------------------|------|
| Work       | 804-555-5555     | 111                        | ✎    |

## 10.4 Remit To

This optional information is used to have the Explanation of Benefits (EOB) information for claims sent to an address different from the Pay To address.

1. If the **Remit To** address is the same as the **Pay To, Mail To, IRS Address** or **Service Location** address, select the option in the **Same as** drop-down list. The address auto-populates. Refer to Figure 10-7.

Figure 10-7: Remit-To Address Same As

The screenshot shows a web form titled "Remit To". At the top, there is a header bar with the text "Remit To" and a close button. Below the header, a blue message states: "A Location Name must be entered if any data is entered into any of the regularly mandatory fields." The main form area contains a "Same as" dropdown menu with a question mark icon. The dropdown is open, showing a list of options: "select a value..." (highlighted), "Service Location", "Pay To", "Mail To", and "IRS". Below the dropdown, there are several input fields, including "Middle Name" and "Suffix", each with a question mark icon.

2. If the **Remit To** address is not the same as the **Pay To, Mail To, IRS Address** or **Service Location** addresses, complete the required fields.
3. If the **Remit To** address email and phone numbers are the same as the **Pay To, Mail To, IRS Address** or **Service Location** address, select the option in the **Same as** drop-down list. The fields auto-populate.
4. If the **Remit To** Address email and phone numbers are different, complete the email and phone number fields.

- Once all applicable addresses are added, click **SAVE AND CONTINUE**. Refer to Figure 10-8.

Figure 10-8: Remit-To Address

Remit To

A Location Name must be entered if any data is entered into any of the regularly mandatory fields.

Same as: Service Location

Location Name: First Location

**CONTACT INFORMATION**

Last Name: Trainer, First Name: Service, Middle Name: , Suffix:

Address Line 1: 123 Main St., Address Line 2:

City: Richmond, State: Virginia, Country: United States, ZIP Code/ Pos...: 23173-0000

Same as: Service Location

Email: , Confirm Email:

**Phone Number**

| Phone Type | Telephone Number | Telephone Number Extension | Edit |
|------------|------------------|----------------------------|------|
| Work       | 804-555-5555     | 111                        |      |

CANCEL PREVIOUS **SAVE AND CONTINUE**



## 11. Organization

If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.

If your business is operated by a management company or leased (in whole or part) by another organization, information about the management company or organization must be included in the disclosure information.



*Note: Entities doing business in Virginia, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Commonwealth of Virginia State Corporation Commission (SCC). For more information on the registration process, please go to the Secretary of State website at <https://www.scc.virginia.gov/>.*

To complete the **Organization** module, follow these steps:

1. From the **Organization Type** drop-down, select your appropriate organization type.
2. From the **Tax Classification** drop-down, select your appropriate tax classification.
3. If the organization is registered with the Secretary of State's office, select the **Registered with Secretary of State** check box. Enter the **Business Start Date** or use the calendar icon to select a date.
4. If the organization is incorporated, select the **Incorporated** check box and enter the **Incorporation Date**, or use the calendar icon to select a date.
5. If the organization is affiliated with a chain, select the **Chain Affiliated** check box.
6. If the organization is operated by a management company, select the **Operated by Management Company** check box.
7. If the organization is owned by a domestic corporation, select the **Domestic Owned Corporation** check box.
8. If the organization is owned by a foreign corporation, select the **Foreign Owned Corporation** check box.

9. Once all details are entered, click **SAVE AND CONTINUE**. Refer to Figure 11-1.

Figure 11-1: Organizational Details

**Organization**
Required Fields (\*)

**Organizational Details**

If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.

If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information.

\* **Organization Type** ⓘ

\* **Tax Classification** ⓘ

Entities doing business in the State, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Commonwealth of Virginia State Corporation Commission (SCC). For more information on the registration process, please go to the Secretary of State website at <https://www.scc.virginia.gov/>

|   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Registered with Secretary Of State</b> ⓘ | Business Sta... ⓘ<br><input type="text" value="01/01/2012"/> ⓘ  |
| <input checked="" type="checkbox"/> <b>Incorporated</b> ⓘ                       | Incorporation... ⓘ<br><input type="text" value="01/01/2012"/> ⓘ |
| <input type="checkbox"/> Chain Affiliated ⓘ                                     |   |
| <input type="checkbox"/> Operated by Management Company ⓘ                       |   |
| <input checked="" type="checkbox"/> <b>Domestic Owned Corporation</b> ⓘ         |   |
| <input type="checkbox"/> Foreign Owned Corporation ⓘ                            |   |

CANCEL
PREVIOUS
SAVE AND CONTINUE

## 12. Associations

The Associations module allows IG and Group enrollment types to associate for billing purposes. Additionally, ORP and Facility enrollment types are allowed but are not common for Virginia Medicaid.



*Note: Associations are only permitted with enrolled, active Providers. Associations must exist before rendering Provider services can be billed to the Group.*

Complete this step based on your Enrollment Type indicated in the General Information step of this application:

- *Facility* – Associations module is not applicable during enrollment. It is optional to associate with ORP providers via Provider Portal after enrollment.
- *Group* - Associate with IG Provider(s). This step is optional.
- *Individual* – If applying as both an Individual and IG in a single application, associate with at least one Group Provider. If applying only as an Individual, leave this module blank.
  - If you added two or more Individual Service Locations, the Associations module does not display, and a separate, new enrollment for your IG application must be submitted.
  - If your Tax ID is already enrolled as an IG, the Associations module does not display.
- *IG* - Required to associate with at least one Group.
- *ORP* – Associate with Facility Provider(s). This step is optional.
- *Atypical* – Associations module is not applicable.

## 12.1 Group Associations

IGs search for and associate with one or more Group. ORP search for and associate with one or more Facility.

To create a new **Group Association**, complete the following steps:

1. Click **Create New**. Refer to Figure 12-1.

*Figure 12-1: Create New Group Association*



| Provider Location ID        | Business Name | Location Name | Address Line 1 | City | State | ZIP Code/Po... Code | Authorized Administrator | Effective Date | End Date | Edit |
|-----------------------------|---------------|---------------|----------------|------|-------|---------------------|--------------------------|----------------|----------|------|
| There are no records found. |               |               |                |      |       |                     |                          |                |          |      |



*Note: ORP Providers do not have the Authorized Administrator (AA) column.*

2. The **New Group Association** window appears.
3. *Only for IG - Optional:* Select the **Authorized Administrator** check box.



*Note: An AA is a Group that manages the Service Locations associated with the IG after the IG's enrollment is approved. The AA may assign delegates to manage Service Locations assigned to the AA but does NOT directly assign delegates to the IG's account. The AA cannot change the AA.*

*The IG is responsible for completing the enrollment application and monitoring it until approved.*

*Note: You may only assign one AA. The check box displays if adding a second group, but the check box is disabled.*



*If you need to change the AA, edit the currently assigned provider to deselect the check box, then edit the correct provider and select the check box. Refer to Section 6.1.3 - **View/Edit/Delete Table Information**.*

*If you need to add or edit your AA after approval, you may do so through the Provider Portal.*

4. To populate the provider’s name and address, complete one of the following. Refer to Figure 12-2.
  - a. Enter the exact **Provider Location ID** and click **SEARCH**. The results are auto-populated. Skip to step 9.
  - b. Enter the **NPI** then click **SEARCH**.
    - i. If there is only one matching Service Location, the results populate. Skip to step 9.
    - ii. If multiple Service Locations match, search results display. Skip to step 7.
  - c. Click **SEARCH**. Continue to the next step.

Figure 12-2: Search New Group Association



*Note: ORP Providers will not see the AA check box, but the search steps are still applicable.*

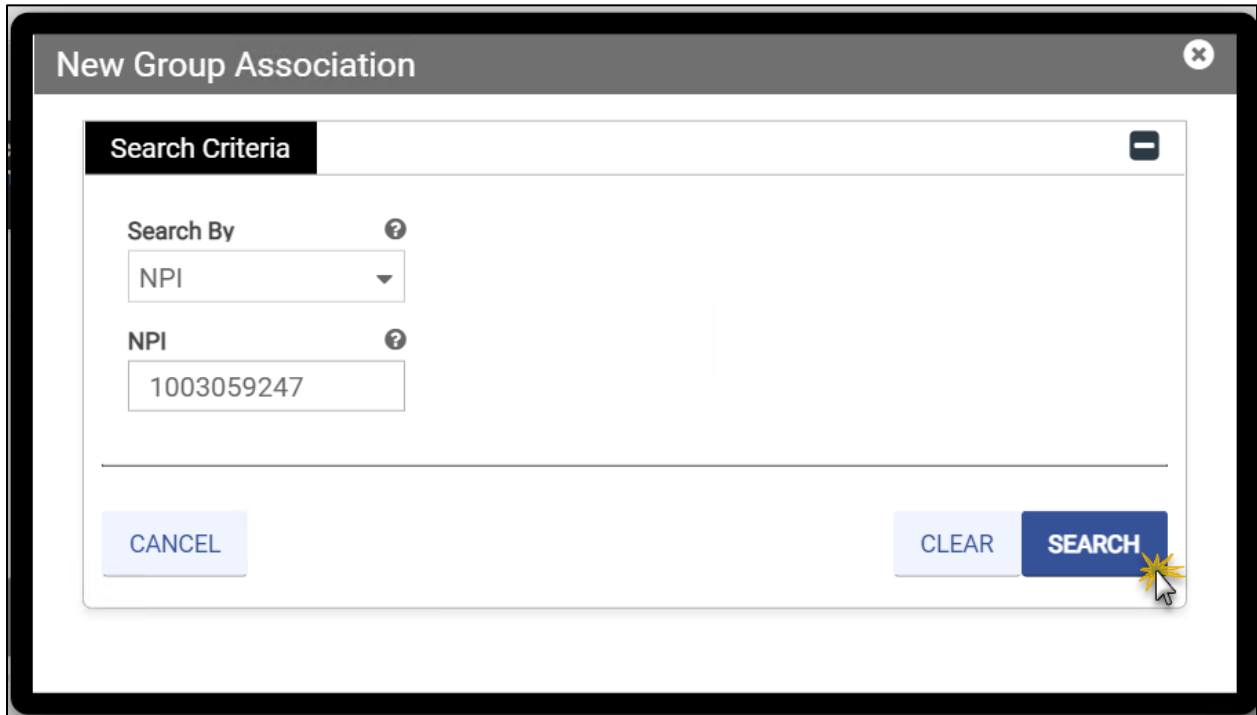


*Note: Even if you enter a Provider Location ID or NPI, you must click **SEARCH** to validate the Group. The grayed-out fields populate after completing the search.*

5. Select NPI or Service Location from the **Search By** drop-down list.

6. Enter the identifier and click **SEARCH**. Refer to Figure 12-3.

Figure 12-3: Search Criteria New Group Association



The screenshot shows a window titled "New Group Association" with a close button (X) in the top right corner. Inside the window, there is a section titled "Search Criteria" with a minus sign icon in the top right corner. Below this section, there are two input fields. The first is labeled "Search By" with a help icon (?), and it contains a dropdown menu with "NPI" selected. The second is labeled "NPI" with a help icon (?), and it contains the text "1003059247". At the bottom of the window, there are three buttons: "CANCEL", "CLEAR", and "SEARCH". A mouse cursor is pointing at the "SEARCH" button, which is highlighted with a yellow starburst effect.

7. Review the search results to verify the provider you want to associate with and click the row. Refer to Figure 12-4.
  - a. *Optional:* Use the paging navigation at the bottom of the **Search Results** to view additional results.
  - b. *Optional:* Use the filter icon in the column headers of the **Search Results** to refine your results.

Figure 12-4: Search Results New Group Association

New Group Association
✕

Search Criteria
⊞

Search By ?

NPI

NPI ?

1003059247

CANCEL

CLEAR

SEARCH

Search Results
⊞

| NPI        | Provider Loc   | Business Na                        | Address Line            | City      | State    | ZIP Code  |
|------------|----------------|------------------------------------|-------------------------|-----------|----------|-----------|
| 1003059247 | 30024041080001 | PEACHTREE INPATIENT CONSULTING LLC | 2949 FRONT ST           | RICHLANDS | Virginia | 246412010 |
| 1003059247 | 30024041080002 | PEACHTREE INPATIENT CONSULTING LLC | 4461 STARKEY RD STE 201 | ROANOKE   | Virginia | 240180622 |

⏪
⏩
1
⏪
⏩

10

Items per page

1-10 of 10 Items

🔄

CANCEL



*Note: Once an IG is approved for the VA Medicaid program, the welcome letter is sent to the AA. If an AA was not selected, the welcome letter is sent to the LAST Group provider entered. Therefore, if you have two associated Groups, only the second Group provider will receive the welcome letter; however, both Group providers will see the association in their Provider Portal accounts.*

8. The search closes, and the Group information populates in the **New Group Association** window. Enter the **Effective Date**.

9. Click **SAVE**. Refer to Figure 12-5.

Figure 12-5: New Group Association Complete

**New Group Association**

Required Fields ( \* )

Authorized Admin ?

\* Provider Location ID ? 30024041080006 NPI ? 100305924

Business Name: PEACHTREE INPATIENT CONSULTING LLC Location Name: PEACHTREE INPATIENT CONSULTING LLC Address Line1: 6801 GOVERNOR GC PEERY HWY

City: RICHLANDS State: Virginia ZIP Code: 246412194

\* Effective Date ? 05/04/2021  \* End Date ? 12/31/9999

10. Repeat these steps to add another Group Association or click **SAVE AND CONTINUE**.

Figure 12-6: Group Association Complete

Associations

Group Association

| Provider Location ID | Business Name                      | Location Name                      | Address Line 1             | City      | State    | ZIP Code/Postal Code | Authorized Administrator | Effective Date | End Date   | Edit                                |
|----------------------|------------------------------------|------------------------------------|----------------------------|-----------|----------|----------------------|--------------------------|----------------|------------|-------------------------------------|
| 30024041080006       | PEACHTREE INPATIENT CONSULTING LLC | PEACHTREE INPATIENT CONSULTING LLC | 2949 FRONT ST              | RICHLANDS | Virginia | 246412010            |                          | 05/04/2021     | 12/31/9999 | <input type="button" value="Edit"/> |
| 30024041080006       | PEACHTREE INPATIENT CONSULTING LLC | PEACHTREE INPATIENT CONSULTING LLC | 6801 GOVERNOR GC PEERY HWY | RICHLANDS | Virginia | 246412194            | x                        | 05/04/2021     | 12/31/9999 | <input type="button" value="Edit"/> |

10 Items per page 1 - 2 of 2 items





Note: *Export To Excel* and *Export To PDF* options allow you to save the added association(s) as Excel or PDF files.

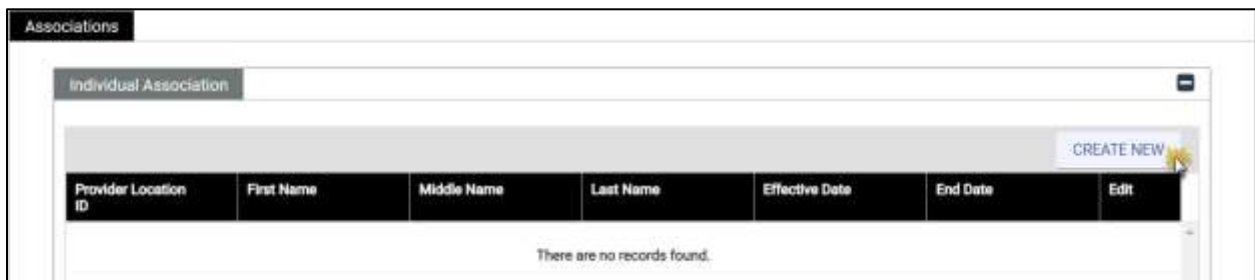
## 12.2 Individual Associations

Groups search for and associate with one or more IG.

To create a new Individual Association, complete the following steps:

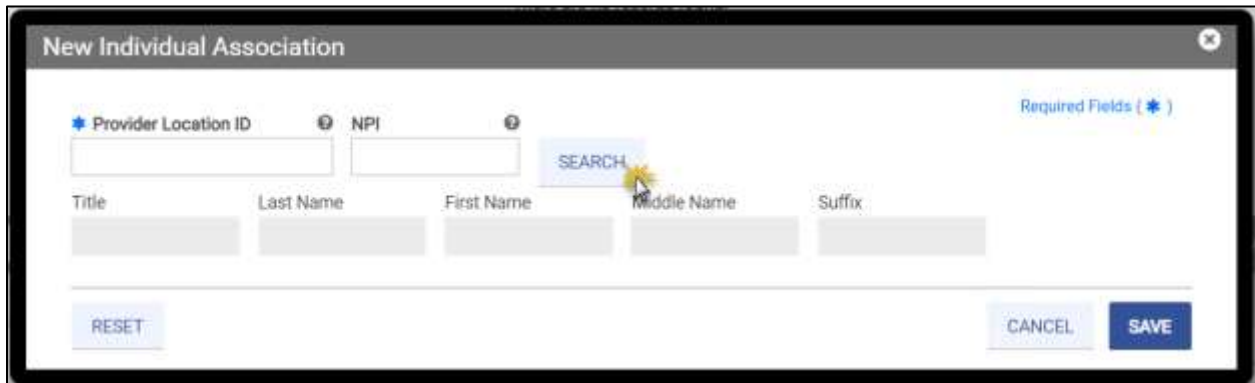
1. Click **CREATE NEW**. Refer to Figure 12-7.

*Figure 12-7: Create New Individual Association*



2. The **New Individual Association** window appears. To populate the provider’s name, complete one of the following. Refer to Figure 12-8.
  - a. Enter the exact **Provider Location ID** and click **SEARCH**. The results are auto-populated. Skip to step 6.
  - b. Enter the **NPI** then click **SEARCH**. Skip to step 5.
  - c. Click **SEARCH**. Continue to the next step.

Figure 12-8: Search New Individual Association



The screenshot shows a web form titled "New Individual Association". At the top right, there is a "Required Fields" indicator with a star icon. Below this, there are two input fields: "Provider Location ID" and "NPI", both with question mark icons. A "SEARCH" button is positioned between these two fields. Below the search fields, there are five input fields for personal information: "Title", "Last Name", "First Name", "Middle Name", and "Suffix". At the bottom of the form, there are three buttons: "RESET", "CANCEL", and "SAVE".



Note: Even if you enter a Provider Location ID or NPI, you must click **SEARCH** to validate the Group. The grayed-out fields will populate after completing the search.

3. Select **NPI** or **Service Location** from the **Search By** drop-down list.
4. Enter the identifier and click **SEARCH**. Refer to Figure 12-9.

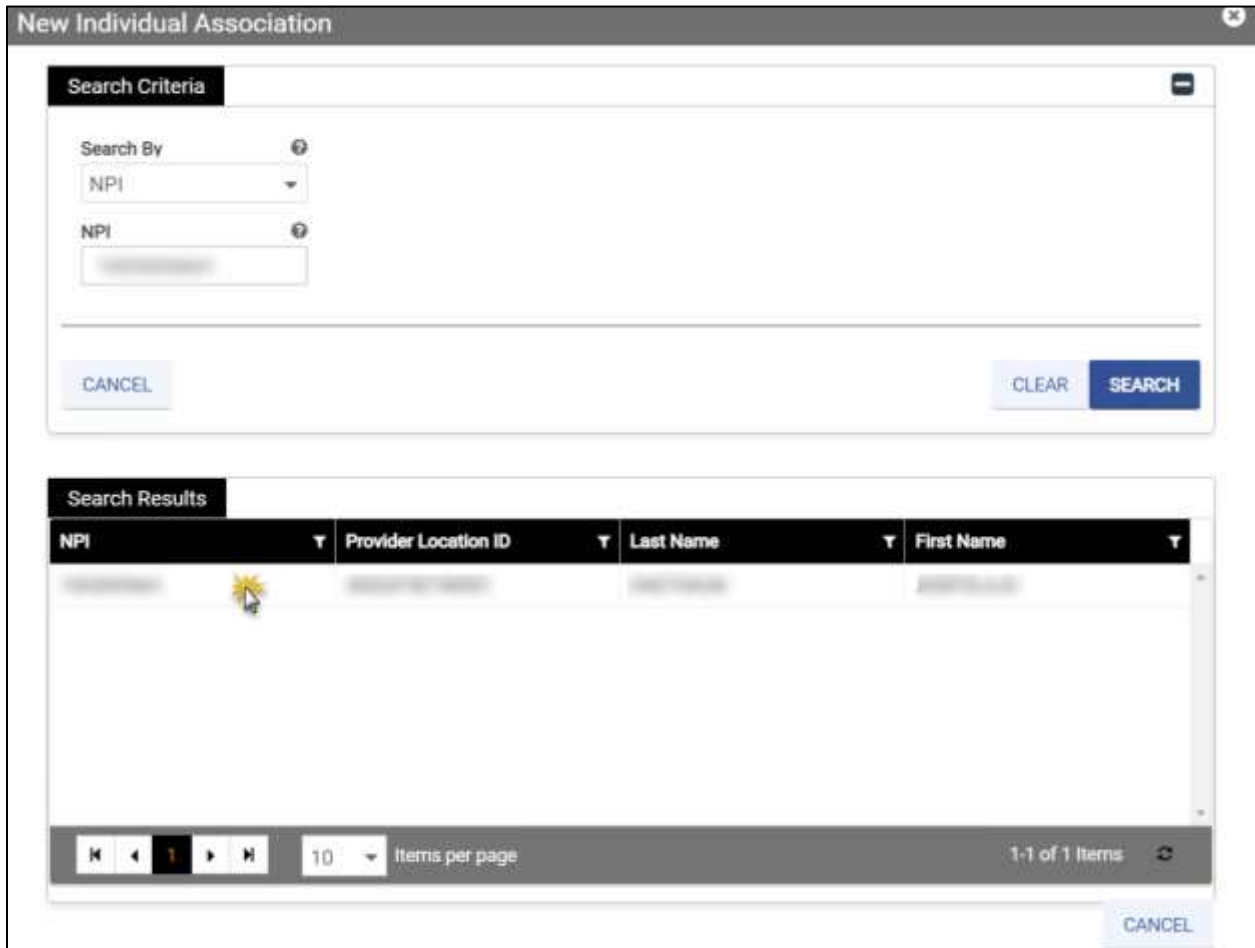
Figure 12-9: Search Criteria New Individual Association



The screenshot shows the "Search Criteria" section of the "New Individual Association" form. It features a "Search By" dropdown menu currently set to "Service Location". Below it is a "Provider Location ID" input field with a question mark icon. At the bottom of the section, there are three buttons: "CANCEL", "CLEAR", and "SEARCH".

- Review the search results to verify the provider you want to associate with and click the row. Refer to Figure 12-10.

Figure 12-10: Search Results New Individual Association



- The search closes, and the individual provider information populates in the **New Individual Association** window. Enter the **Effective Date**.

- Click **SAVE**. Refer to Figure 12-11.

Figure 12-11: New Individual Association Complete

The screenshot shows a form titled "New Individual Association". At the top right, it says "Required Fields (\*)". The form contains several input fields: "Provider Location ID" and "NPI" (both with asterisks), "Title" (with "MD" entered), "Last Name", "First Name", "Middle Name", and "Suffix". Below these are "Effective Date" and "End Date" fields, both with asterisks. The "Effective Date" field contains "05/20/2021" and the "End Date" field contains "12/31/9999". A red box highlights these two date fields. At the bottom, there are buttons for "RESET", "CANCEL", and "SAVE".

- Repeat these steps to add another Individual Association or click **SAVE AND CONTINUE**.

Figure 12-12: Individual Association Complete

The screenshot shows a table titled "Associations" with a sub-header "Individual Association". The table has the following columns: "Provider Location ID", "First Name", "Middle Name", "Last Name", "Effective Date", "End Date", and "Edit". There is one row of data with the following values: "Provider Location ID", "First Name", "Middle Name", "Last Name", "05/20/2021", "12/31/9999", and an edit icon. Below the table, there are pagination controls showing "10 items per page" and "1 - 1 of 1 items". At the bottom, there are buttons for "EXPORT TO EXCEL", "EXPORT TO PDF", "CANCEL", "PREVIOUS", and "SAVE AND CONTINUE".



Note: Export To Excel and Export To PDF options allow you to save the added association(s) as Excel or PDF files.

### 13. Credentials

The Credentials module collects all relevant licensure and Medicare participation information. Please confirm all credentials are current before submitting your application, as expired credentials may cause your application to be denied. If your Provider Type and Specialty do not require any of the information from this module, the Credentials module is hidden in your application. Refer to Figure 13-1.

Figure 13-1: Sample Credentials

The screenshot shows a web application interface for entering credentials. It is divided into three main sections: License, Medicare Participation, and Medicaid Program. Each section has a 'CREATE NEW' button in the top right corner. The License section contains a table with columns: License or Certification Number, Issuing State, License or Certification Entity, Effective Date, End Date, and Edit. The Medicare Participation section contains a table with columns: Medicare Number, Medicare Type, Effective Date, End Date, Consider for Medicare Crossover, and Edit. The Medicaid Program section contains a question: 'Are you enrolled in other states Medicaid programs? If so, please indicate which states.' with radio buttons for 'Yes' and 'No'. At the bottom of the form are buttons for 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'.



*Note: Review your pre-checklist to ensure that you have your credential information. Refer to Section 5.1 - Start New Enrollment.*

1. Navigate to a credential section and click **CREATE NEW**. Possible sections include:
  - **License** – Enter licenses in good standing related to services you plan to render in Virginia.
  - **Drug Enforcement Administration (DEA)** – Enter DEA license information.

- **Medicare Participation** – Enter details about your Medicare participation.
  - **Medicaid Participation** – Enter details about any other state Medicaid program in which you are enrolled.
2. A window appears with the applicable fields for the credential. Complete the fields. Refer to Figure 13-2 to Figure 13-5.
    - Refer to Section 4.2 - **Interactive Features** for a description of field types.
    - **Effective Dates** for credentials must be in the past.
    - **End Dates** for credentials must be in the future. If an **End Date** is unknown, enter 12/31/9999.
  3. Click **SAVE** on the new credential window. The window closes, and the credential displays in the corresponding table of the **Credentials** window. Repeat these steps for additional credentials.
  4. Once all credential sections that appear in your application are complete, click **SAVE AND CONTINUE**.

Figure 13-2: New License



*Note: You must have a license in good standing in the same state as the Service Location for rendering services.*

*To verify if your license is in good standing, use the Virginia License Verification Lookup: <https://dhp.virginiainteractive.org/Lookup/Index>.*

Figure 13-3: New DEA

Figure 13-4: New Medicare Participation



*Note: If you selected **Yes** to the Medicare participation question in the **General Information** module of this application, you are required to enter information in this section.*



*Note: Select the **Consider for Medicare Crossover Claims** check box if you wish to have claims automatically sent from Medicare to Medicaid. This question is not applicable to ORP Providers.*

Figure 13-5: New Medicaid Program

Note: Click **Yes** to indicate participation in other State Medicaid programs. The program table with the **CREATE NEW** button appears once you select **Yes**. Refer to Figure 13-6.

Figure 13-6: Medicaid Program - Create New



| Program | State | Effective Date | End Date | Edit |
|---------|-------|----------------|----------|------|
|---------|-------|----------------|----------|------|



## 14. Provider Type

The Provider Type module requests additional information based on your Provider Type and Specialty. If your Provider Type and Specialty do not require any of the information from this module, the Provider Type module is hidden in your application. The sections included may vary from Figure 14-1.

Figure 14-1: Sample Provider Type

The screenshot displays the 'Provider Type' configuration interface. It is divided into two main sections: 'CLIA' and 'Bed Information'. Each section features a 'CREATE NEW' button in the top right corner and a table below it. The 'CLIA' table has columns for 'CLIA Number', 'CLIA Type', 'Effective Date', 'End Date', and 'Edit'. The 'Bed Information' table has columns for 'Bed Type', 'Number Of Beds', 'Effective Date', 'End Date', and 'Edit'. At the bottom of the interface, there are three buttons: 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'.



*Note: Review your pre-checklist to ensure that you have your additional information needed for your Provider Type and Specialty. Refer to Section 5.1 - Start New Enrollment.*

1. Navigate to a detail section and click **CREATE NEW**. Possible sections include:
  - **CLIA** – If you bill for laboratory services, enter CLIA information.
  - **Bed Information** – If you are enrolling a Hospital or Custodial Care Facility, enter information about the type and number of available beds.
2. A window appears with the applicable fields for the credential. Complete the fields. Refer to Figure 14-2 and Figure 14-3.
  - Refer to Section 4.2 - **Interactive Features** for a description of field types.
  - **Effective Dates** must be in the past.
  - **End Dates** must be in the future. If an End Date is unknown, enter 12/31/9999.

3. Click **SAVE** on the edit window. The window closes and the record displays in the corresponding table of the **Provider Type** window. Repeat these steps for additional details.
4. Once all additional sections that appear in your application are complete, click **SAVE AND CONTINUE**.

Figure 14-2: New CLIA

*Note: Add all current CLIA numbers assigned to your NPI.*

*Depending on the combination of your Provider Type, Specialty and Tax ID, you will be required to attach a CLIA certificate in the **Attachment** module.*



- At least one CLIA number must be added here to enable CLIA certificate attachments.
- If you have more than one CLIA number, only one CLIA certificate will need to be attached.

Figure 14-3: New Bed Information



*Note: Enter the maximum number of beds available, even if the number of beds that can be used at a given time is limited based on current maximum capacity restrictions.*

## 15. Other

The Other module requests additional information based on your Enrollment Type, Provider Type, and Specialty. The sections included may vary from Figure 15-1.

Figure 15-1: Sample Other

Other

Languages -

[CREATE NEW](#)

| Languages | Edit |
|-----------|------|
|           |      |

Additional Information -

Please enter the provider website address below. It must begin with "http:" or "https:" followed by a valid address.

**Provider Website URL** ?

Paper Remittance Advice -

?

Yes     No

[CANCEL](#)
[PREVIOUS](#)
[SAVE AND CONTINUE](#)



*Note: Review your pre-checklist to ensure that you have your additional information needed for your Provider Type and Specialty. Refer to Section 5.1 - Start New Enrollment.*

1. Navigate to a detail section and click **CREATE NEW**. Possible sections include:
  - **Languages** – Languages spoken at your Service Location(s).
  - **Certifications** – Proof of certification from an accredited organization.
  - **Medical Related Organization** – Medically related organizations that you have ownership including laboratories, home health agencies, radiology facilities or similar.
2. A window appears with the applicable fields for the details. Complete the fields. Refer to Figure 15-2 to Figure 15-6.
  - Refer to Section **4.2 - Interactive Features** for a description of field types.
  - **Effective Dates** must be in the past.
  - **End Dates** must be in the future. If an End Date is unknown, enter 12/31/9999.
3. Click **SAVE** on the edit window. The window closes and the record displays in the corresponding table of the **Other** window. Repeat these steps for additional details.
4. If these sections display, complete the fields.
  - **Additional Information** – *Optional*: Enter your website Uniform Resource Locator (URL). Refer to Figure 15-5.
  - **Electronic Claims Submission Participation** – Select the radio buttons to indicate whether you will submit claims by Electronic Data Interchange (EDI) or Direct Data Entry (DDE) and authorize sharing the claims data with Medicaid. Refer to Figure 15-6.
5. Once all additional sections that appear in your application are complete, click **SAVE AND CONTINUE**.

Figure 15-2: New Language

The screenshot shows a 'New Language' dialog box. The title bar contains the text 'New Language' and a close button (X). Below the title bar, there is a section for 'Languages' with a blue asterisk icon and a question mark. A dropdown menu is open, showing 'Spanish'. In the top right corner, it says 'Required Fields (\* \* )'. At the bottom right, there are two buttons: 'CANCEL' and 'SAVE'.

Figure 15-3: New Certification

**New Certification** Required Fields ( \* )

\* Specialty ?  
 301-Critical Care Hospital

Exempt from Accreditation ?

Certificate Type ? Other Certification ? Certification Number ?  
 Joint Commission  156156

Effective Date ? End Date ?  
 01/01/2020 📅 12/31/2025 📅

CANCEL SAVE



*Note: If you select a Certificate Type, then you must also enter a Certification Number.*

Figure 15-4: New Medical Related Organization

**New Medical Related Organization** Required Fields ( \* )

\* Legal Business Na... ?  
 Legal Organization

\* Address Line1 ? Address Line 2 ?  
 123 Main St

\* City ? \* State ? \* Country ? \* ZIP Code ?  
 Richmond ▼ Virginia ▼ United States ▼ 21274-0000

CANCEL SAVE

Figure 15-5: Additional Information Provider Website

**Additional Information** [-]

Please enter the provider website address below. It must begin with "http:" or "https:" followed by a valid address.

**Provider Website URL** ?

Figure 15-6: Claims Questions

**Electronic Claims Submission Participation** [-]

I will submit claim(s) through Electronic Data Interchange (EDI) or Direct Data Entry (DDE) on the Virginia Medicaid Web Portal as part of my enrollment with Virginia Medicaid and FAMIS. ?

Yes  No

If you answered "No" above, please provide documentation supporting your exemption request. It can be uploaded on the Attachments page of this application.

---

**Claims Signature Waiver** [-]

I certify that I have authorized submission of claims to Virginia Medicaid, which contain my typed, computer generated, or stamped signature. ?

Yes  No

---

**Paper Remittance Advice** [-]

Do you wish to receive printed Remittance Advice? ?

Yes  No

A letter providing a justification is required and subject to approval.

## 16. Electronic Funds Transfer (EFT)

The EFT module displays for billing providers who do not have an NPI or API already associated with an existing Service Location, active or inactive.



*Note: You may only have one EFT per NPI or API. If you have already used this NPI to link your EFT to a Service Location on another Virginia Medicaid enrollment application, this module is hidden and the EFT will be applied to the Service Location(s) associated with this NPI in this application.*

*If you are applying for revalidation or re-enrollment, the EFT module does not display.*

### 16.1 EFT Enrollment

1. Select **Yes** or **No** to indicate your EFT participation. Refer to Figure 16-1.

*Figure 16-1: EFT Enrollment*

- If **Yes**, additional sections display. Continue with the instructions for the EFT module.



*Note: Use the expand (+) and collapse (-) icons to navigate the sections.*

- If **No**, click **SAVE AND CONTINUE** and prepare to add a required EFT Waiver Attachment in the **Attachments** module of this enrollment application. While enrollment in EFT is recommended, it is not required, and you may enroll any time after your enrollment.

## 16.2 Provider Information

The Provider Information section fields are grayed out because they are copied from other parts of this application. If anything in this section appears incorrect, use the Navigation Menu to return to the original section and correct the information.

1. Review the data. Refer to Figure 16-2.
  - If the **Provider Name** is incorrect, return to the **General Information** module and correct it there.
  - If the **Provider Address** is incorrect, return to the **Service Location** module and correct it there. If you have more than one Service Location for this NPI, the EFT will be applied to all of them.

Figure 16-2: EFT Provider Information

| Provider Information |                        |                       |               |
|----------------------|------------------------|-----------------------|---------------|
| Provider Name        | Doing Business As Name |                       |               |
| Training Hospital    |                        |                       |               |
| PROVIDER ADDRESS     |                        |                       |               |
| Address Line 1       | Address Line 2         |                       |               |
| 789 Main St          | Suite 123              |                       |               |
| City                 | State                  | ZIP Code/ Postal Code | Country       |
| Richmond             | Virginia               | 231730000             | United States |

## 16.3 Provider Identifier Information

Review the Provider Tax ID, NPI, License Number, and License Issuer fields. If anything in this section appears to be incorrect, use the Navigation Menu to return to the original section and correct the information.

1. Review the data.
  - If the **Tax ID** or **NPI** are incorrect, return to the **General Information** module and correct it there.
  - If the **Taxonomy Code** is incorrect, return to the **Specialties** module and correct it there.
  - If the license information is incorrect, return to the **Credentials** module and correct it there.
2. Complete the remaining fields. Refer to Figure 16-3.
  - In the **Other ID** field, enter your current Medicaid Provider number or other identifier, if applicable.
  - From the **Assigning Authority** drop-down, select the appropriate assigning authority for the identifier.
  - Enter a **Trading Partner ID** assigned to the provider, billing service, or clearinghouse, if applicable.



Figure 16-3: EFT Provider Identifier Info

## 16.4 Provider Contact Information

Complete the **Provider Contact Information** section by completing all applicable fields.

Figure 16-4: Provider Contact Information

## 16.5 Provider Agent Information

Complete the **Provider Agent Information** section by completing all applicable fields. If this section does not apply, leave it blank.

Figure 16-5: Provider Agent Information

## 16.6 Federal Agency Information

The **Federal Agency Information** section is required for the Veterans Administration programs only and does not apply to Medicaid. Complete all fields, if applicable. If this section does not apply, leave it blank.

Figure 16-6: Federal Agency Information

## 16.7 Retail Pharmacy Information

The **Retail Pharmacy Information** section is required for pharmacy providers. Complete all fields, if applicable. If this section does not apply, leave it blank.

Figure 16-7: Retail Pharmacy Information

## 16.8 Financial Institution Information

Complete the **Financial Institution Information** section. Refer to Figure 16-8 .



*Note: If you have an NPI, select NPI. Only Atypical Providers who have an API should select Tax ID. The Tax ID or NPI is populated from the General Information module.*

Figure 16-8: Financial Institution Information



*Note: Addresses are validated against USPS records which includes identifying the five digit zip code plus the four digit extension. If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.*

## 16.9 Submission

1. In the **Include with Enrollment Submission** drop-down, select **N/A** which is the only option.
2. Enter your name to submit your electronic signature and agreement to use EFT with the Virginia Medicaid program.
3. Enter the date that you wish to begin receiving payments with this method. Your application must be approved before payments may be made with this method.
4. Click **SAVE AND CONTINUE**. Refer to Figure 16-9.

*Figure 16-9: Submission*

The screenshot shows a 'Submission' form with the following fields and controls:

- Reason For Submission:** New Enrollment
- Include with Enrollment Submission:** select a value...
- Authorized Signature Type:** Electronic Signature of Person Submitting Enrollment
- Electronic Signature of Person Submitting Enrollment:** (text input field)
- Submission Date:** 05/14/2021
- Requested EFT Start/Cha...:** (calendar icon)

Buttons at the bottom: CANCEL, PREVIOUS, SAVE AND CONTINUE.

## 17. Disclosures

The PE Wizard presents five disclosure forms. IG and ORP enrollments require only a Self-disclosure form. All others require providers to complete all five of the disclosure forms.

1. Click **CREATE NEW** for a Disclosure Form.



*Note: The Self-Disclosure may only be completed once, so the button grays out after it is completed.*

*The other disclosure forms may be completed multiple times, depending on the number of applicable entries.*

*If the disclosure entry does not apply to you, you must still click CREATE NEW but then you can indicate that you do not have any additional information.*

2. The Disclosure Form questions appear in a new window. Complete the fields then click **SAVE** at the bottom of the question window.



*Note: Additional fields or tables may appear based on your responses. For example, if you select Yes for prior licensure revocation, a date field displays to indicate when it occurred.*

3. The **Status** for the **Disclosure Form** changes to **Completed**. Repeat for as many disclosure forms as you have new entries for.
4. Once all **Disclosure Forms** are in **Completed Status**, click **SAVE AND CONTINUE**. Refer to Figure 17-1.



*Note: You must complete all disclosures before continuing your enrollment application.*



*Note: To delete a disclosure, click the name of the Disclosure Form. A window appears with the disclosure forms of that type that you have created. From the new window, follow the steps in Section 6.1.3 - **View/Edit/Delete Table Information**.*

Figure 17-1: Disclosures

Disclosures

Disclosure Details

**PRIVACY ACT NOTICE STATEMENT**

This statement explains the use and disclosure of information about providers and the authority and purposes for which taxpayer identification numbers, including Social Security Numbers (SSNs) and dates of birth (DOB), may be requested and used.

Any information provided in connection with provider enrollment will be used to verify eligibility to participate as a provider and for purposes of the administration of the State Medical Assistance Program. This information will also be used to ensure that no payments will be made to providers who are excluded from participation. Any information may also be provided to the U.S. DHHS Centers for Medicare and Medicaid Services, the Internal Revenue Service, State Office of the Attorney General, the Medicaid Fraud Control Unit, or other federal, state or logical agencies as appropriate.

Providing this information is mandatory to be eligible to enroll as a provider with the State Medical Assistance Program, pursuant to 42 CFR § 455 and CFR § 438. Failure to submit the requested information may result in a denial of enrollment as a provider, or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the State Medical Assistance Program.

**OWNERSHIP/CONTROLLING INTEREST**

Federal law requires individuals and entities with ownership, control, management or a business relationship to submit a separate disclosure form for each entity or person affiliated with the provider. For more information on federal disclosure requirements, see 42 CFR § 455.100 – 106, 42 CFR § 455.436, 42 CFR § 1002.3, and CFR § 438.602 (b)

**DISCLOSURE FORMS**

*Answer all questions. If you do not believe that a question is applicable, select a response of "No". If you respond "Yes" to any question, please provide the additional information that may be requested.*

| Disclosure Form                | Status    | Create New  |
|--------------------------------|-----------|---|
| Provider Self Disclosure       | Completed | <a href="#" style="color: #007bff; text-decoration: none;">CREATE NEW</a> |
| Sub-Contractor Disclosure      | Completed | <a href="#" style="color: #007bff; text-decoration: none;">CREATE NEW</a> |
| Ownership and Control Interest | Completed | <a href="#" style="color: #007bff; text-decoration: none;">CREATE NEW</a> |
| Managing Employees             | Completed | <a href="#" style="color: #007bff; text-decoration: none;">CREATE NEW</a> |
| Business Transaction           | Completed | <a href="#" style="color: #007bff; text-decoration: none;">CREATE NEW</a> |

CANCEL

PREVIOUS

SAVE AND CONTINUE

Table 17-1 provides a description of the Virginia Medicaid Disclosure Forms.

*Table 17-1: Disclosure Forms*

| Disclosure Form                | Description   |
|--------------------------------|---|
| Provider Self Disclosure       | Every enrolling and revalidating Provider must complete the self-disclosure form in its entirety. The Provider Name, Tax ID, and Date of Birth (DOB) (for individuals) are populated from the General Information module.   |
| Sub-Contractor Disclosure      | Sub-contractors may be screened during the eligibility review.  |
| Ownership and Control Interest | A person with an ownership or control interest means a person or corporation that has a direct or indirect ownership interest totaling 5% or more in the provider, is an officer or director organized as a corporation or non-profit or is a partner in a provider organized as a partnership. |
| Managing Employees             | The Managing Employee form must be completed in its entirety for every enrolling Provider, except those enrolling using the OPR enrollment type. Complete one form for each Managing Employee.  |
| Business Transaction           | Any significant business transaction the provider entity had with any wholly owned supplier or with any subcontractor during the preceding five-year period.  |

## 18. Background Check

High-risk Providers are subject to additional screening checks, including fingerprinting. The PE Wizard displays individuals with a 5% or greater ownership who may be required to submit prints.

This information is populated from the ownership disclosure forms. If it is incorrect, return to the Disclosures module to update and save the information.

1. For each person listed, indicate with the **Check if Yes** check box whether the person has fingerprints on file with Medicare or Medicaid that are less than five years old. Refer to Figure 18-1.
  - a. If the person does not have prints on file, leave the box unchecked so that the **Status** displays as **Completed**. During the review of the enrollment application, fingerprint notifications are generated and sent to the owner.
  - b. If the person does have prints on file, select the box so that the **Status** displays as **Incomplete**.

Figure 18-1: Background Check

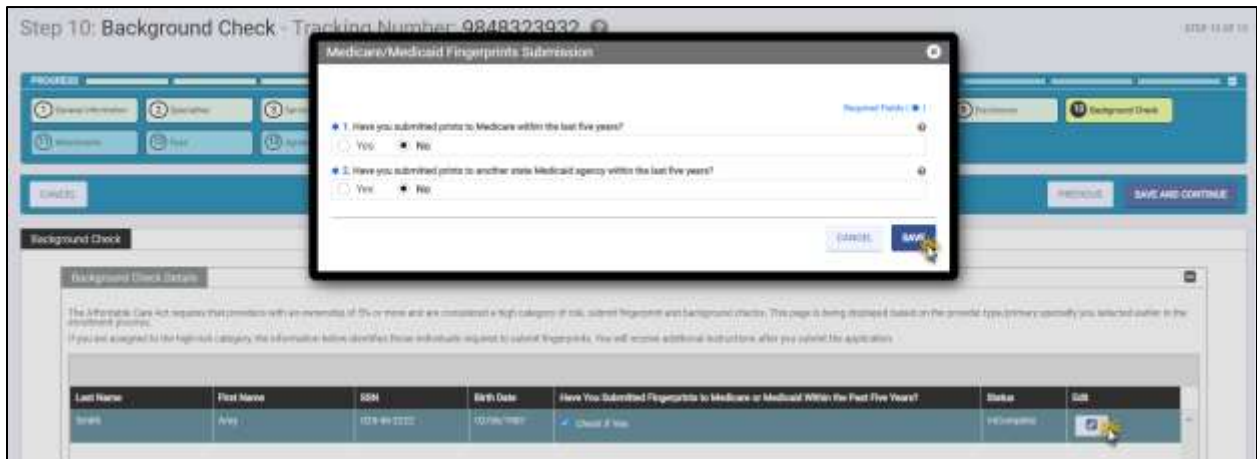
The screenshot shows a web application window titled "Background Check". Inside, there is a section "Background Check Details" with explanatory text. Below the text is a table with the following data:

| Last Name | First Name | SSN        | Birth Date | Have You Submitted Fingerprints to Medicare or Medicaid Within the Past Five Years? | Status  | DIR |
|-----------|------------|------------|------------|---|---------|-----|
| SMITH     | Jenny      | 02149-2222 | 02/26/1987 | <input checked="" type="checkbox"/> Check if Yes                                    | PENDING |     |

At the bottom of the window, there are buttons for "CANCEL", "PREVIOUS", and "SAVE AND CONTINUE".

2. If the check box is selected, click the Edit icon to open a window and complete additional required information. Refer to Figure 18-2.
  - **Yes** must be selected for fingerprint submission to Medicare, Medicaid, or both.
  - When **Yes** is selected, complete the submission questions.
  - Click **SAVE** after answering questions to close the additional questions window.
  - The Status changes to **Completed** on the **Background Check Details** table.

Figure 18-2: Background Check Fingerprint Submission



3. Once existing fingerprints have been indicated and the **Status** is **Completed** for all owners, click **SAVE AND CONTINUE**.



## 19. Attachments

The Attachments module enables you to attach required documentation directly to your enrollment application for faster processing. The module indicates required documentation for your Virginia Medicaid enrollment request based on your Enrollment Type, Provider Type, and Primary and Secondary Specialties. You will not be able to continue your application until all required documents are loaded in this module.



*Note: Review your pre-checklist to ensure that you have your Attachments ready to load. Refer to Section 5.1 - **Start New Enrollment**.*

*Commonly required attachments include W-9, proof of professional insurance, a copy of your license, proof of application fee payment (applicable only to a high-risk providers), and a copy of the CLIA certification.*

If documentation is found to be incorrect or missing during the screening and review of your application, your application will be returned, and you will have 30 days to update your enrollment request. The notification will be sent per the Contact Information completed in the General Information section of this application.

If there is additional supporting information that will be helpful during the screening and review of your application, you may add optional documentation here as well. For example, if you recently changed your name, you may include a copy of official documentation for proof of the change.



*Note: To avoid delays in processing, confirm that all attachments are legible and complete before loading them. Also confirm that all licenses and other credentials are current.*

Under Attachments, the system displays your Provider Type and Specialty, which are pre-populated and read-only. Under Additional Information, instructional text populates based provider type and specialty with additional documentation required. Refer to Figure 19-1.

Figure 19-1: PTSP Attachments





*Note: Be sure to load attachments that specifically address your Provider Type and Specialty enrollment requirements or else your application will be returned and review of your application will be delayed.*

*For example, Certification is listed as a **Required Attachment** but specifically the CMS or JC Certification is what is needed to process this application.*

The Required Attachments section displays supporting documentation required for your Provider Type and Specialty. The Attachment Type column indicates the document type expected. The Requirements Met status changes from No to Yes as the documents are attached in the Attachment Details section of this module.

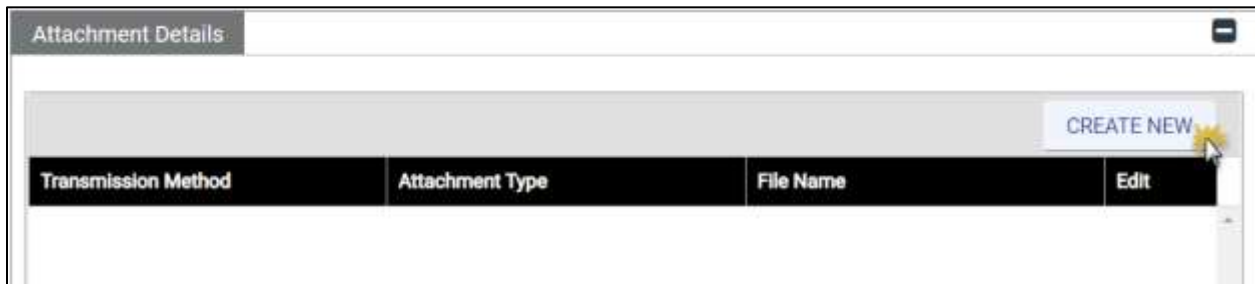
Figure 19-2: Required Attachments



| Attachment Type   | Requirement Met |
|---|-----------------|
| Accreditation   | NO              |
| Certification   | NO              |
| Clinical Laboratory Improvement Amendments (CLIA) Certification | NO              |
| Federal W-9 Form  | NO              |
| Liability Insurance Declaration Page                            | NO              |
| License and Certification                                       | NO              |

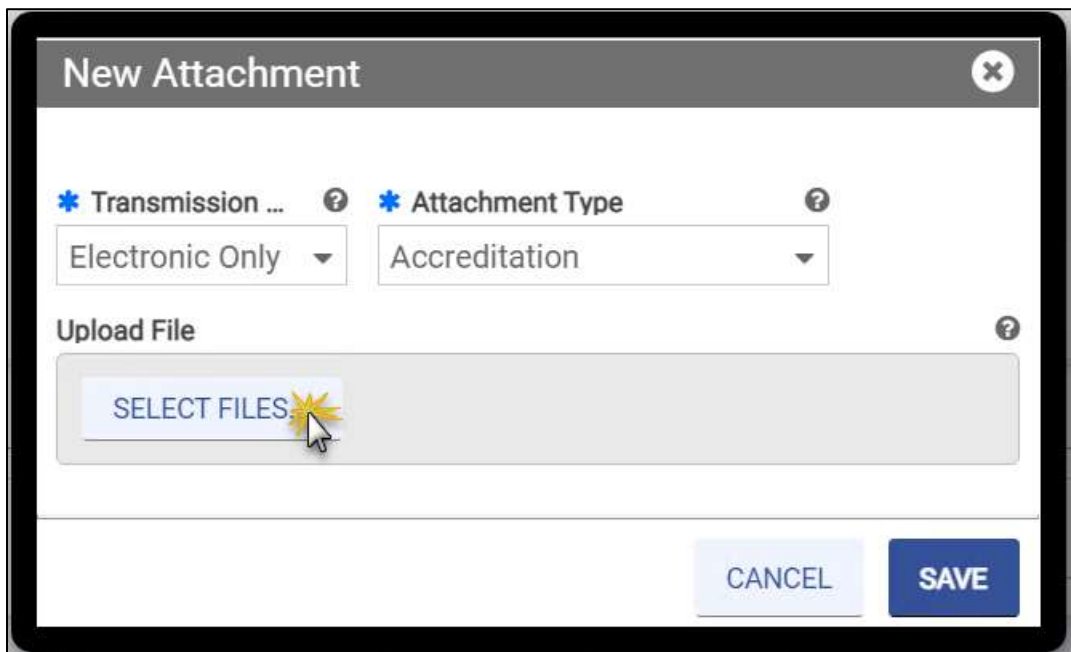
1. Click **CREATE NEW**. Refer to Figure 19-3.

Figure 19-3: Create New Attachment



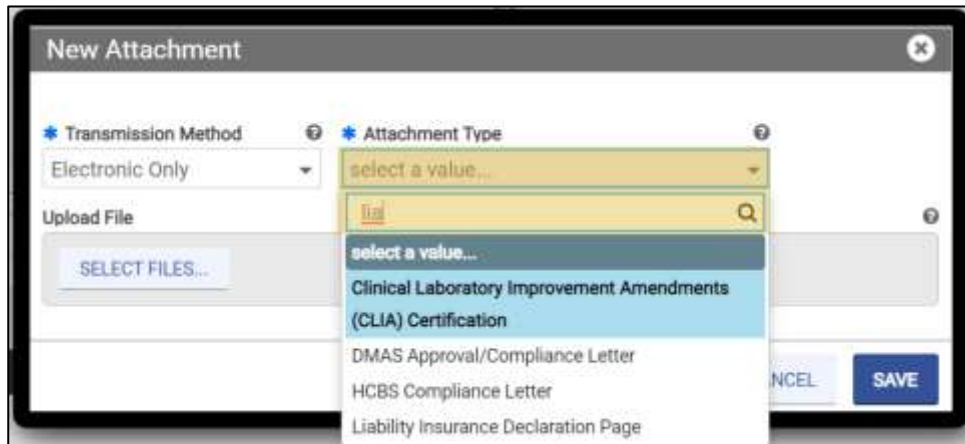
2. Select from the drop-down lists.
3. Click **SELECT FILE**. Refer to Figure 19-4.

Figure 19-4: Select File Attachment



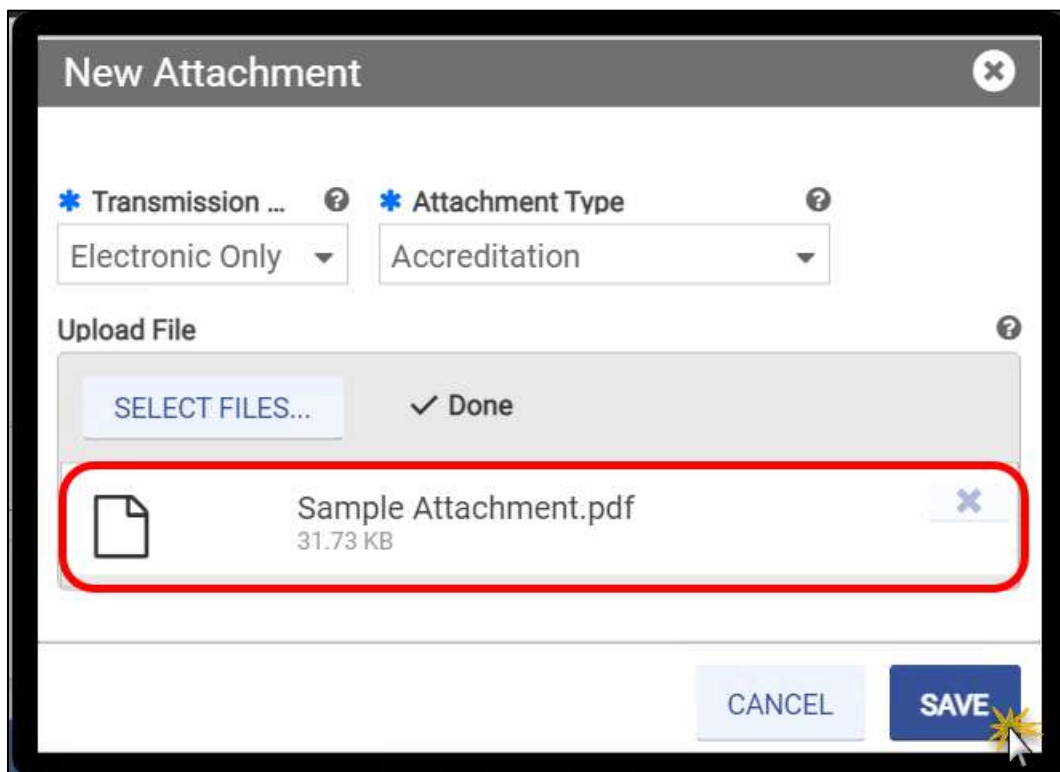
*Note: In addition to selecting the **Attachment Type** from the drop-down list, you can find your **Attachment Type** quickly by typing in the field to filter the search results. This is particularly helpful if you are trying to match to the required attachments. Refer to Figure 19-5.*

Figure 19-5: Attachment Type Search



4. Follow the prompts to select the file from your computer to upload the file. Once you upload the file, click **SAVE**. Refer to Figure 19-6.

Figure 19-6: Save Attachment



Note: Accepted Attachment Types are .pdf, .jpeg, .png, .doc, and .docx.

- The attachment displays in the list. Refer to Figure 19-7.

Figure 19-7: Added Attachment

The screenshot shows a window titled "Attachment Details" with a "CREATE NEW" button in the top right. Below the button is a table with the following data:

| Transmission Method | Attachment Type | File Name             | Edit |
|---------------------|-----------------|-----------------------|------|
| Electronic Only     | Accreditation   | Sample Attachment.pdf |      |

- If the attachment is required for your enrollment application, the corresponding **Required Attachments** record changes to **Yes** for **Requirement Met**.
- Repeat these steps for all optional and required attachments. Refer to Figure 19-8.

Figure 19-8: Required Attachment

The screenshot shows a window titled "Required Attachments" with a message: "Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment." Below the message is a table with the following data:

| Attachment Type | Requirement Met |
|-----------------|-----------------|
| Accreditation   | Yes             |



*Note: You will not be able to continue to the next step of your enrollment application until all Requirement Met records are Yes.*

- Once all attachments are loaded and all requirements are marked as met, click **SAVE AND CONTINUE**.

## 20. Fees

The ACA requires certain providers to remit an enrollment application fee. The CMS sets the fee amount annually. This fee is assessed at initial enrollment, revalidations, re-enrollment, and change of ownership, and is assessed in full for each Service Location enrolled in Virginia Medicaid program.

Per CMS final rule 6028-F, the following providers are exempt from the application fee:

- Individual providers or non-physician practitioners
- Providers who provide proof of Medicare enrollment. A copy of the Provider's most recent Medicare EOB is acceptable proof of active enrollment.
- Providers who provide proof of application fee payment to either Medicare or another State Medicaid program. Proof of payment such as a receipt or formal notification must specifically indicate payment of the application fee.

Complete the **Application Fee Questions**. Refer to Figure 20-1.

1. If you have enrolled another Service Location in Medicare, you are prompted for the enrollment date.
2. If you have paid an application fee to another State's Medicaid program, you are prompted for the State and date of payment.
3. If you have already received a waiver for the application fee from another State's Medicaid program, indicate it here. Finish the fee questions and save the page then return to the Attachments module to load proof of the waiver if you have not already.
4. If you do not meet the exemption criteria but wish to request a waiver for the application fee based on financial hardship, indicate it here and save the page then return to the Attachments module and load a letter supporting your request, if you have not already. The final decision to waive the application fee is made by CMS.
5. Based on your selections, the **Amount Due** displays either **No Fee** or the amount due.
  - a. If payment is due, it may be submitted online or in the form of a bank certified check or money order.



*Note: If an enrollment application for the Virginia Medicaid program is received and deemed to require an application fee but one is not submitted or payment is not in an acceptable format, the entire application will be returned to the Provider requesting proper payment. The Provider has 30 days to complete the payment and resubmit the application before the entire application will be denied.*

- b. If No Fee displays, click **SAVE AND CONTINUE**.

6. If a payment is due, select the **Payment Mode**.
  - a. If **Online** is selected, click the **MAKE PAYMENT** button that appears.
  - b. If **Check** is selected, click **SAVE AND CONTINUE**.



*Note: Online payment is preferred. If online payment is not possible, select check payment and review the instructions available for download when you submit your enrollment application.*

Figure 20-1: Application Fee

Application Fee
Required Fields ( 4 )

Application Fee

The Affordable Care Act requires certain providers to remit an enrollment application fee. The Centers for Medicare & Medicaid Services(CMS) sets the fee amount annually. This fee is assessed at initial revalidations, and change of ownership, as required, and is assessed in full for each service location enrolled in State Medical Assistance Program.

**\*Fee Update effective January 1, 2019\***

Per CMS final rule 6028-F, state Medicaid programs must collect an application fee for new provider applications and reactivations due to being terminated for any reason. The following providers are exempt from the application fee:

- Individual providers or non-physician practitioners.
- Providers who are enrolled with Medicare
- Providers who paid the application fee to either Medicare or another state Medicaid plan after March 25, 2011

The application fee for 2019 is \$586. Payment must be made in the form of a bank-certified check or money order made out to the state of State-Medicaid. If a request is returned to the applicant as incomplete after January 1, 2017 the new fee will be required.

Note: In order to waive the application fee, proof of enrollment or revalidation in Medicare or another state Medicaid plan is required and must be dated after March 25, 2011. For Medicare providers, a copy of your most recent Medicare explanation of benefits (EOB) is also acceptable proof of active enrollment. Proof of Payment is a receipt or formal notification from Medicare or the other state Medicaid plan specifically indicating payment of the application fee.

If an application is received and deemed to require an application fee and one is not attached or payment is not in an acceptable format, the entire application will be returned to the provider requesting proper payment.

Please Answer all questions. If you answer "NO" to all the questions below, then you must pay an application fee.

**Application Fee Questions**

**Service Location** - If the service location is enrolled in Medicare a fee payment is not required.

1. Is the service location enrolled in Medicare?

Yes  No

**Medicaid Program** - If the service location has paid an application fee to another Medicaid program then a fee payment is not required.

2. Have you paid an application fee to another state's Medicaid program for the service location?

Yes  No

**Waiver Received** - If you have received a waiver from the programs mentioned below a fee payment is not required.

3. Have you received a waiver of the application fee from Medicare or another state's Medicaid program because of ...

Yes  No

**Financial Hardship** - If you are requesting a waiver for financial hardship, please submit a letter explaining the financial hardship along with your enrollment application, including proof of inability to pay and a list of all attempts made to raise the required fee from outside sources, such as a loan denial.

4. Are you requesting a waiver of the application fee because of financial hardship?

Yes  No

Click Make Payment button to pay now with credit card or Save and Continue to send check payment. After credit card payment is complete, click Save and Continue to complete application.

Amount Due

\$569.00

Payment Mode

Online
  Check

MAKE PAYMENT

CANCEL

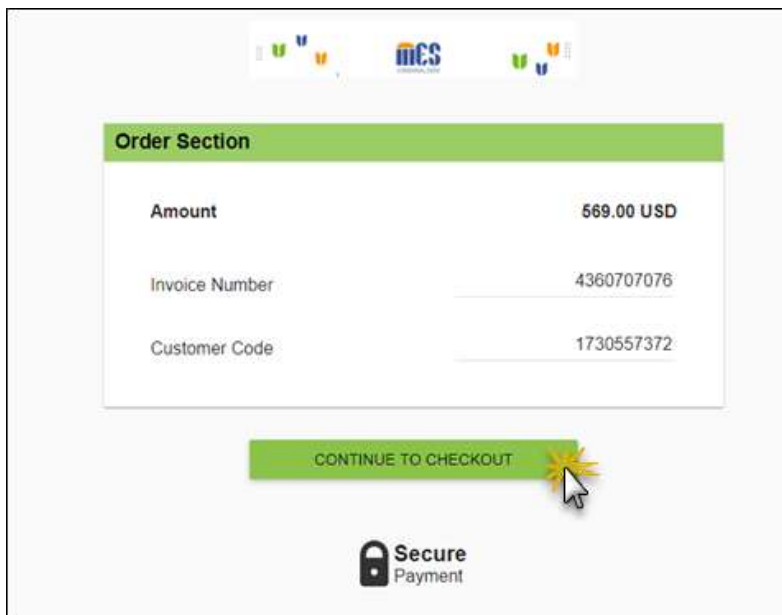
PREVIOUS

SAVE AND CONTINUE




7. If **Online** is selected for **Payment Mode**, the payment website opens in a new window.
  - a. Click **CONTINUE TO CHECKOUT**. Refer to Figure 20-2.

*Figure 20-2: Order Section*



| Order Section  |            |
|----------------|------------|
| Amount         | 569.00 USD |
| Invoice Number | 4360707076 |
| Customer Code  | 1730557372 |

[CONTINUE TO CHECKOUT](#)

 Secure Payment

- b. The **Payment** window appears. Enter payment and billing address information in the appropriate fields.

c. Click **SUBMIT PAYMENT**. Refer to Figure 20-3.

Figure 20-3: Payment Window

← Back to Order Section

| Order Section  |            |
|----------------|------------|
| Amount         | 569.00 USD |
| Invoice Number | 5552685291 |
| Customer Code  | 1033214440 |

**Payment**

PAYMENT CARD

VISA MasterCard American Express

Card Number \*

Expiration Date(MMYY) \*

State/Province \*

Postal Code \*

Country \*

**Billing Address**

Company

First Name

Last name

Address1 \*

Address2

City \*

State/Province \*

Postal Code \*

Country \*

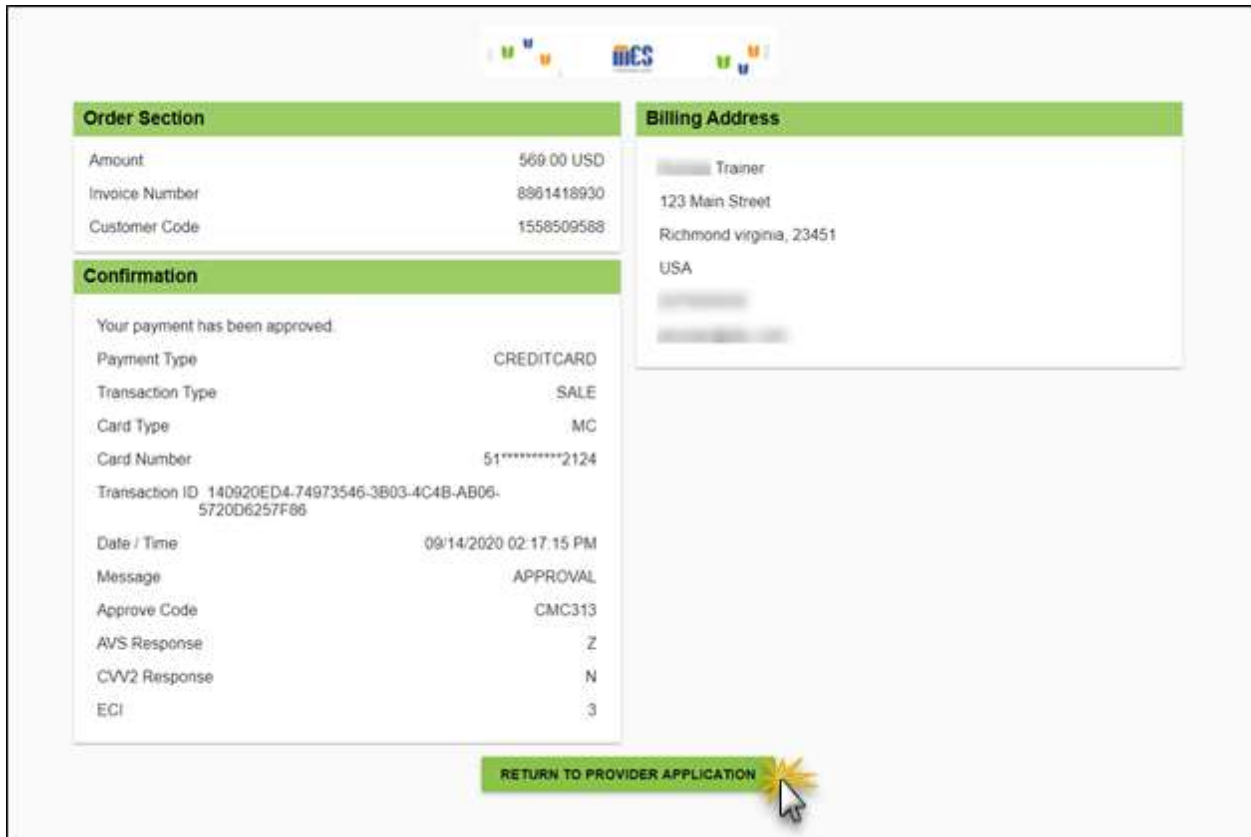
Email Address \*

Phone \*

**SUBMIT PAYMENT**

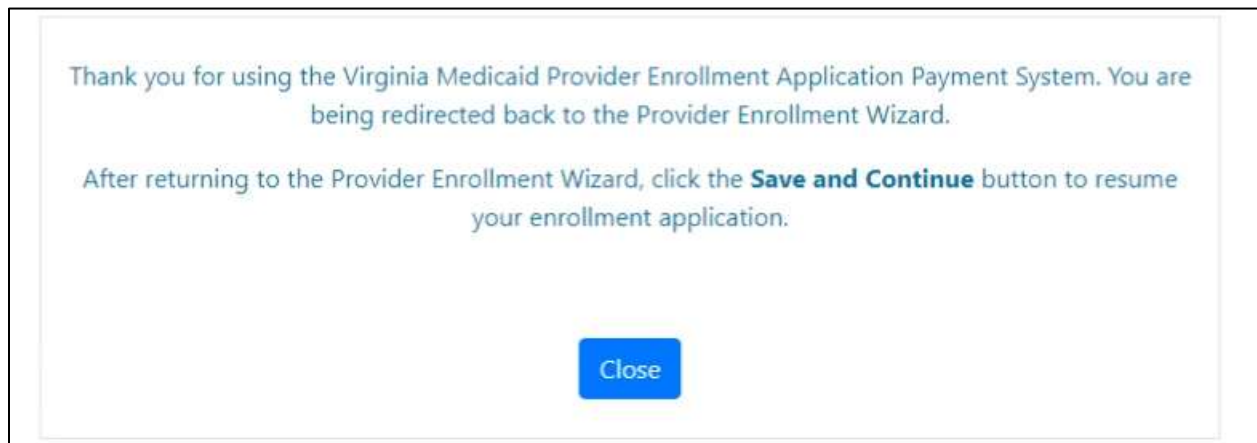
- d. A confirmation page opens. Click **Return to Provider Application**. Refer to Figure 20-4.

Figure 20-4: Payment Confirmation Window



- e. A confirmation page opens. Click **Close**. Refer to Figure 20-5.

Figure 20-5: Confirmation Window



- f. Return to the **Fees** module of the PE Wizard to complete your enrollment application and click **SAVE AND CONTINUE**.

## 21. Agreement/Submit

The Agreement/Submit module requires you to accept the terms and conditions contained within the Provider Agreement. Information previously entered in the application displays under the Terms of Agreement. If any information is incorrect, return to the appropriate module(s) and update the information.



*Note: IG enrollments do not include an address page, so the **Service Location** field will be blank.*

1. Click **PROCEED** to accept the terms and conditions. Refer to Figure 21-1.

*Figure 21-1: Agreement Submit*

Agreement/Submit

The terms of the enrollment are stated below. You must accept these terms in order to submit the enrollment application for approval. Failure to accept these terms means that no enrollment application is retained or submitted.

Access the links above to review all data that has been entered into the application. Changes can be made, except for enrollment type, by navigating back to the appropriate screen using the links in the table of contents. If the enrollment type selected is incorrect, do not submit the application. You must complete a new application for the appropriate provider type.

Once the application is confirmed and submitted, a cover sheet can be printed for submission with any hard copy materials sent to the enrollment office.

If you are interested in contracting with one of our Managed Care Organizations, please click on the appropriate link below. You will be redirected to the plan's website in another browser window. Please return to this page, complete the electronic signature process and submit your application.

CCC Plus – Virginia Premier Health Plan Inc - <https://www.virginiapremier.com>

Med 4 - Virginia Premier Health Plan, Inc. - <https://www.virginiapremier.com/>

Terms of Agreement

|                                    |                |               |
|------------------------------------|----------------|---------------|
| Legal Business Name                | Contact Name   | Contact Email |
| Training Group Chiropractor        | Sample Trainer | [Redacted]    |
| NPI                                | Tax ID Type    | Tax ID Number |
| [Redacted]                         | EIN            | [Redacted]    |
| Service Location                   |                |               |
| 123 Main St. Richmond VA, 23173000 |                |               |

The above provider agrees to participate in the Medicaid Program, hereinafter referred to as the Title XIX Program.

I certify, under penalty of perjury, that the information and statements on this application and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this enrollment request is sufficient cause for denial of enrollment or termination from the State Medical Assistance Program.

I understand that I should be enrolled as a provider of services under the State Medical Assistance Program, that it is my responsibility to notify the State Medical Assistance Program fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.

PROCEED

- The Provider Agreement appears in the **Form** section. Optionally download or print the agreement. After reviewing the agreement, select the **I Accept** check box. Refer to Figure 21-2.

Figure 21-2: Provider Agreement

Form

Please read the Provider Agreement in document below

Translate 1 / 21 59%

COMMONWEALTH of VIRGINIA  
Department of Medical Assistance Services  
Physician  
VIRGINIA MEDICAID PROVIDER ENROLLMENT PACKAGE

Thank you for your interest in becoming a participating provider with the Virginia Medicaid program. Upon receipt of your completed Virginia Medicaid / Family Access to Medical Insurance Security Plan (FAMIS) enrollment application and any required documents, your application will be processed. Processing of your application may take up to ten business days. Completed paper enrollment applications can be faxed or mailed to Virginia Medicaid Provider Enrollment Services at the following fax number or address.

Toll free Fax: 1-888-335-8476

I certify my signature and affirm under the penalties of perjury that I am an individual applying, or I am duly authorized by the individual applying to bind such person to the provider agreement, and that I have read and understood the provider agreement, provider manuals, and bulletins.

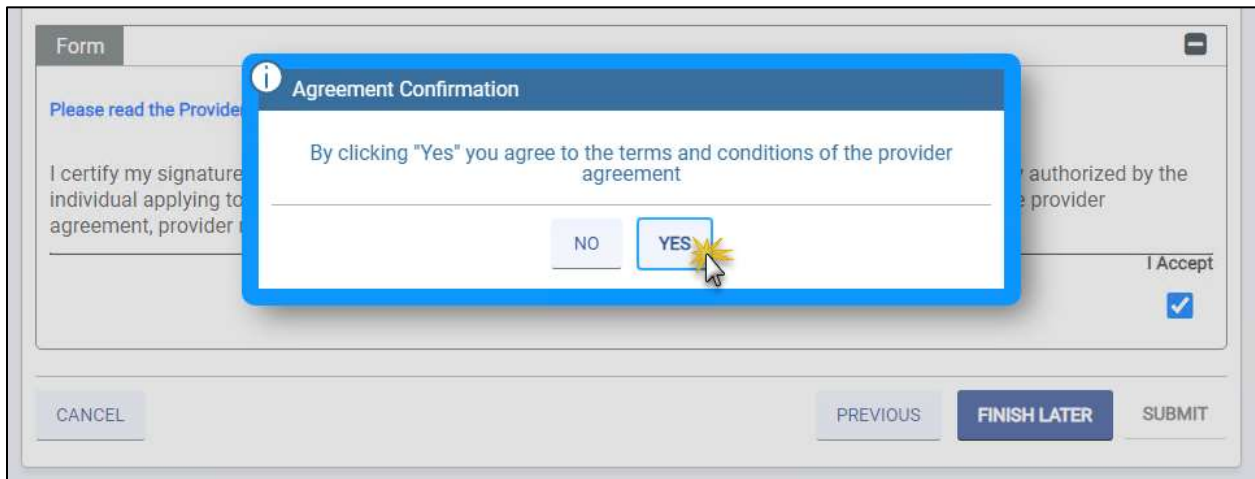
I Accept



*Note: If you do not see the print or save icons. Right-click on the Provider Agreement for options.*

- The **Agreement Confirmation** window displays. Click **Yes**. Refer to Figure 21-3.

Figure 21-3: Agreement Confirmation



- The **Portal Registration Details** section appears. Complete all the required fields. Refer to Figure 21-4.

*Note: IG Providers who assigned an AA in the Associations module have the option decide whether they want their own credentials for Provider Portal. Creating your own credentials allows you and the Authorized Administrator to maintain your provider information.*



Select **Yes** to create credentials for yourself. Select **No** to forego your access and instead notify your Authorized Administrator to make all changes on your behalf. Refer to Figure 21-4.



Figure 21-4: Portal Registration Details

Note: MES Credentials to access Provider Portal are created upon approval of your enrollment application. After you are approved, you will receive two welcome emails – one with your username and one with your password.



If you have multiple Service Locations, you will only receive one set of credentials and will be able to access all Service Locations for your NPI or API with the same credentials.

Email addresses may only be associated with one provider. If the email address was previously used, credentials will not be generated.

Refer to the **Virginia Provider Portal User Guide** for additional functionality available after enrollment approval.

5. In the **Signature** section, click the **I Accept** check box and complete the required fields. Refer to Figure 21-5.



Note: Enter a **Verification Email ID** that you have immediate access to as you will need to retrieve an access code in the next step.

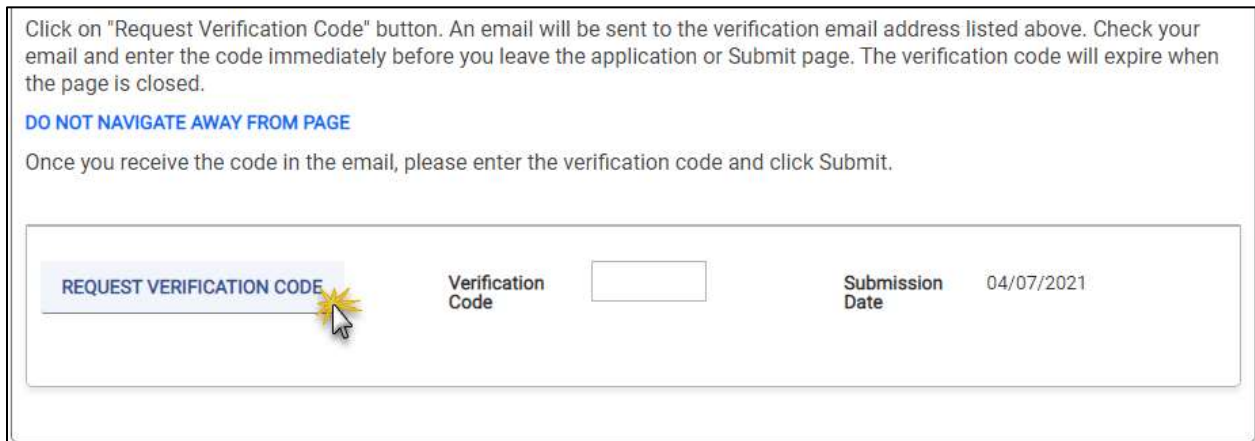
Figure 21-5: Signature

The screenshot shows the 'Signature' section of the enrollment wizard. At the top, there is a title bar with the word 'Signature' and a close button. Below the title bar, a paragraph states: 'The Provider Agreement is now fully electronic. By selecting the "I Accept" box below you acknowledge that you understand your electronic signature binding to the same extent as your written signature.' Below this text is a checkbox labeled '\* I Accept' which is checked, with a mouse cursor hovering over it. Underneath the checkbox are five input fields: 'Title', '\* Last Name' (containing 'Sample'), '\* First Name' (containing 'Trainer'), 'Middle Name', and 'Suffix'. Each of these fields has a question mark icon to its right. Below the name fields is a large text area labeled 'Comments' with a question mark icon to its right. At the bottom of the form are two more input fields: '\* Verification Email ID' and '\* Confirm Verification Email ID', both with question mark icons to their right.



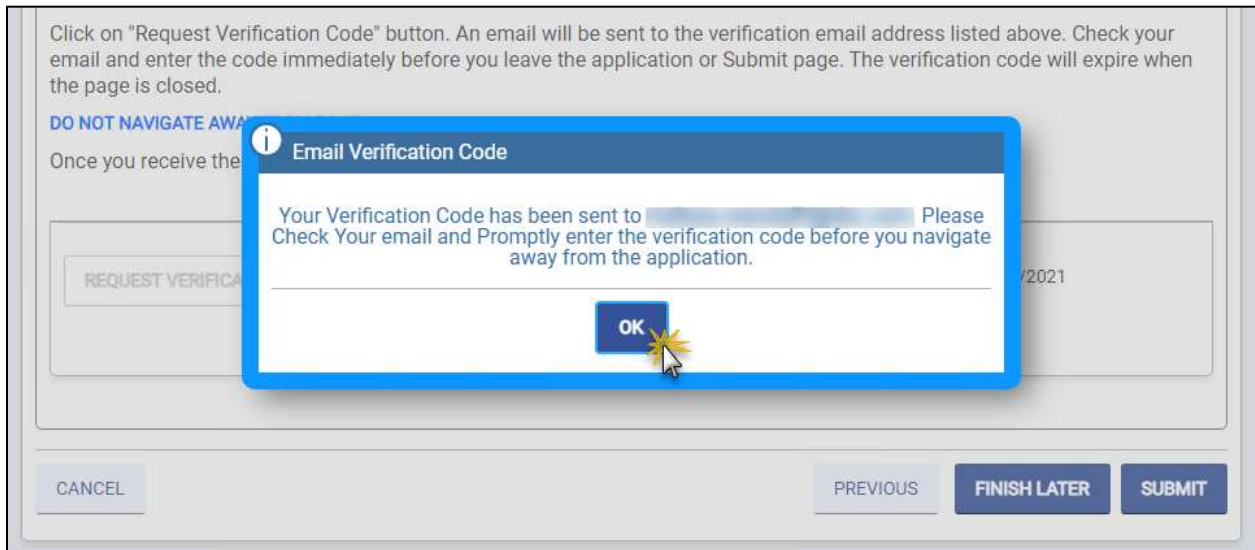
6. Click **REQUEST VERIFICATION CODE**. Refer to Figure 21-6.

*Figure 21-6: Request Verification Code*



7. The **Email Verification Code** message window appears. Click **OK**. Refer to Figure 21-7.

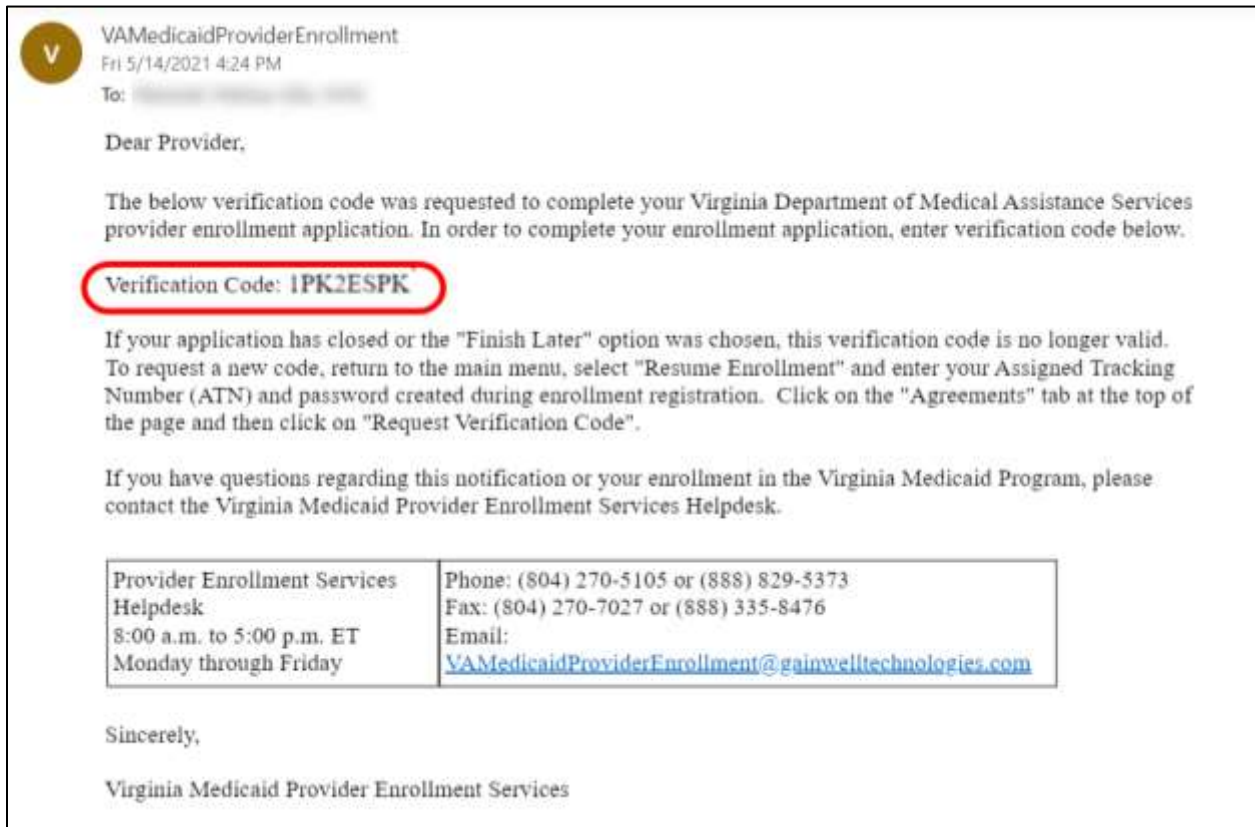
*Figure 21-7: Email Verification Code*





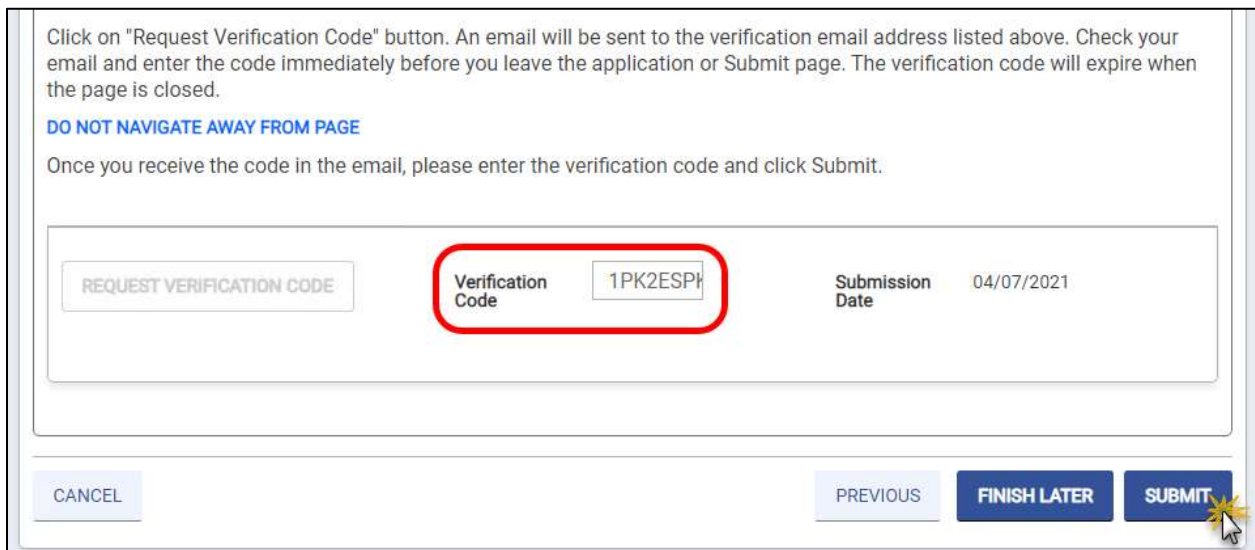
8. Access the email that you entered in the **Signature** section and locate your **New Enrollment Verification Code** email. Refer to Figure 21-8.

Figure 21-8: New Enrollment Verification Code Email



9. Return to the Agreement/Submit module of the PE Wizard and enter the identifier in the **Verification Code** field, then click **SUBMIT**. Refer to Figure 21-9.

Figure 21-9: Verification Code Entry

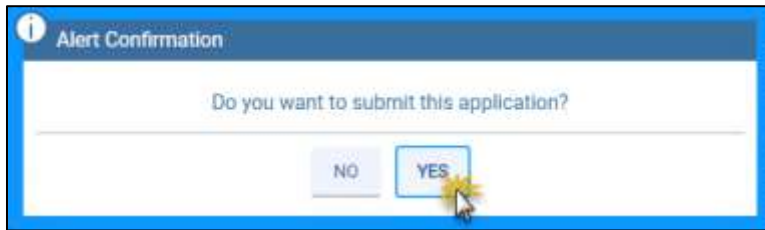




*Note: When you click **SUBMIT**, the PE Wizard validates whether any information is missing or needs to be corrected and notifies you to make corrections as needed.*

10. The **Alert Confirmation** message window appears. Click **Yes** to submit your completed enrollment application for the Virginia Medicaid program. Refer to Figure 21-10.

*Figure 21-10: Alert Confirmation*

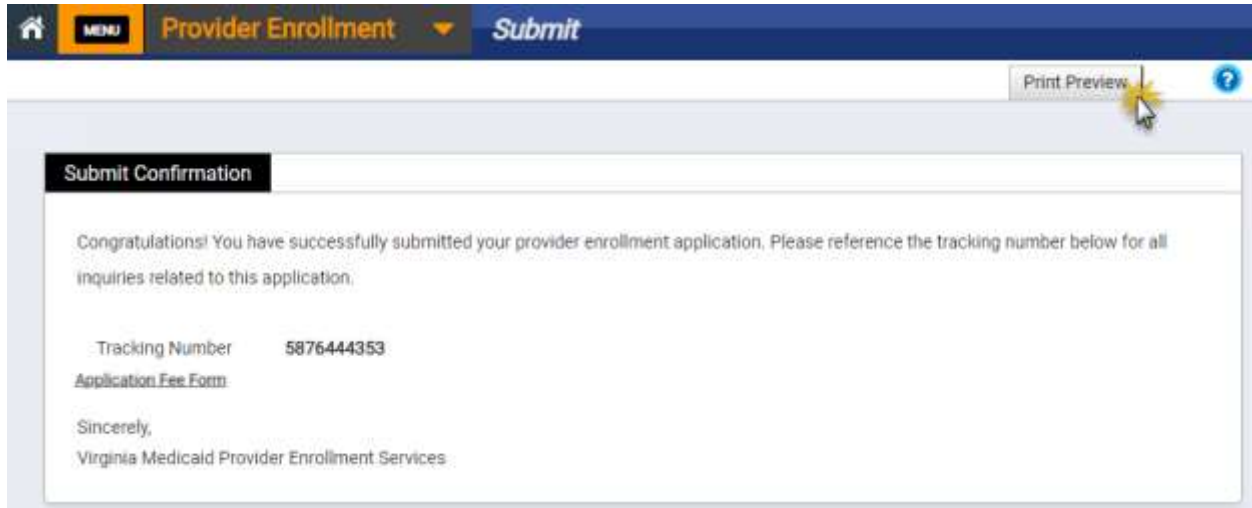


*Note: After submission, applications cannot be viewed or modified unless a PRSS Enrollment and Management Clerk returns it for corrections.*

## 22. Steps After Submission

Once you submit your application, you are redirected to the Submit page for confirmation. To generate a copy of your complete application for your records, click Print Preview. Refer to Figure 22-1.

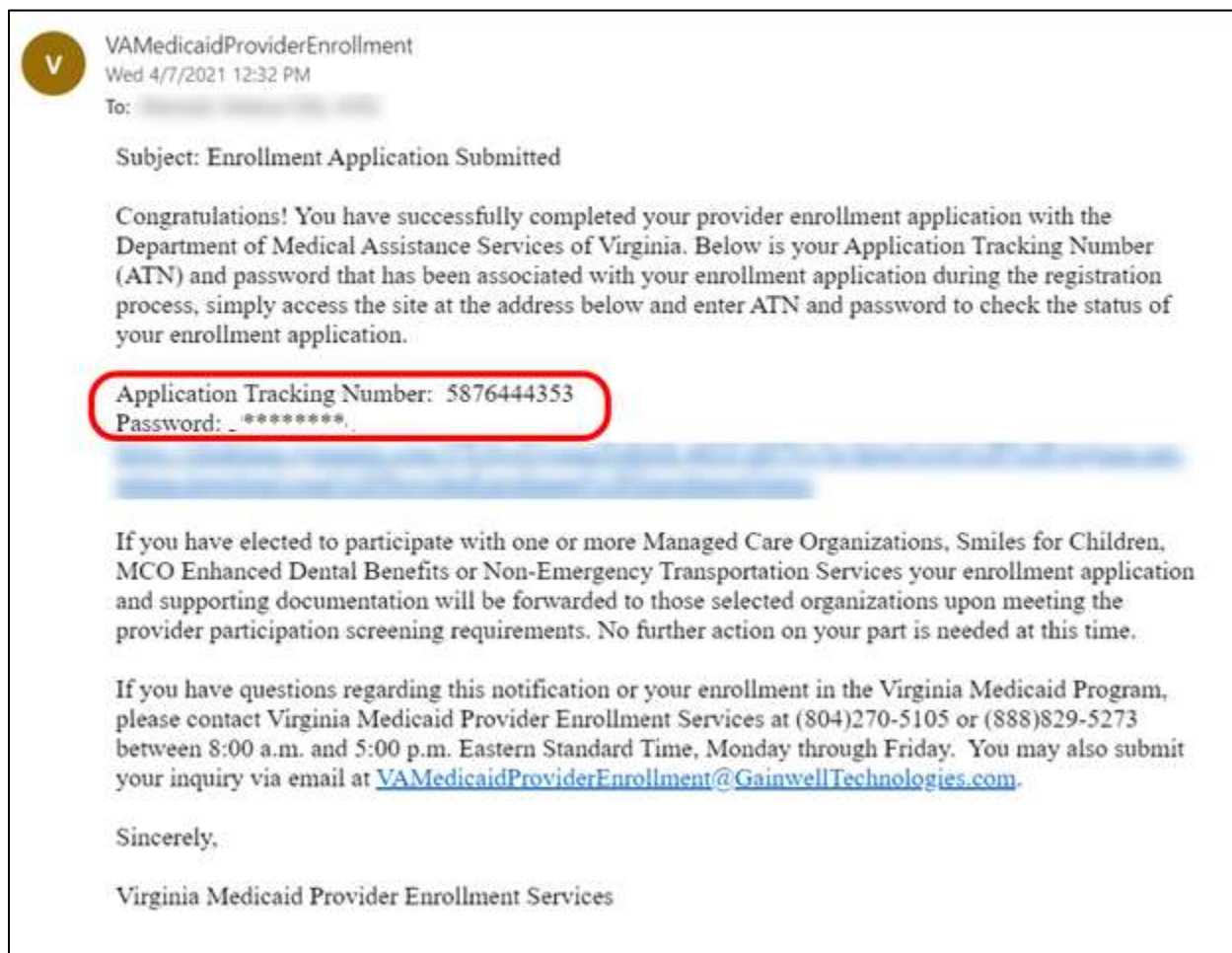
Figure 22-1: Submit Confirmation Message



*Note: If a fee is due with your application and you selected the check payment method, click the Application Fee Form hyperlink for additional instructions.*

You also receive a notification with your ATN and link to view the status of your application. Refer to Figure 22-2.

Figure 22-2: New Enrollment Complete Notification



Once your application is submitted, it will be screened through a variety of services then reviewed by the PRSS Enrollment and Management Clerks who will approve, deny, or return your application for corrections.



**Note:** Refer to Section 5.5 - Check Enrollment Status **Error! Reference source not found.** for instructions to review your enrollment application status.

**If your application is returned for corrections**, you will receive a notification with changes that need to be made. This includes providing an additional attachment or editing responses. You have 30 days to make the corrections and resubmit your application: if not completed by the deadline, your application will be denied.

**If your application is denied**, you will receive a notification with reasons that your application was denied. You are not enrolled in the Virginia Medicaid program. If you are able to address the denial reasons, you may submit a new enrollment application.

**If your application is approved**, you will receive notification of your approval and ongoing provider maintenance will be conducted in Provider Portal. Refer to the Virginia Provider Portal User Guide for functionality.

- If you do not already have Provider Portal credentials for your NPI, you will receive two emails: one with your username and one with your password.
- If you already have Provider Portal credentials (i.e., you completed an application for a new Service Location) for your NPI, you will NOT receive additional credential information. Instead, the new Service Location will be matched based on your NPI and both locations will display in Provider Portal. If you need to assign delegates for the new location, complete the steps in Provider Portal as delegate access is not automatically applied.
- If you selected to apply for any MCO program(s) in the General Information section of your application, your application and participation request is submitted to the MCO(s).

## 23. Revalidate Enrollment

In accordance with the ACA Provider Enrollment and Screening Regulations, all Virginia Medicaid Providers are required to revalidate their enrollment information at least every 5 years. 90 days prior to a provider's service location's revalidation due date, a revalidation notification is sent via email or mail, depending on the provider's preference. Refer to Section **5.2 - Start Revalidation**.



*Note: You can check your revalidation due date at any time from the Provider Portal. Navigate from **Maintenance** to **Revalidation**.*

*Once your revalidation application is generated, changes made through Provider Portal or requested by a PRSS Clerk will **NOT** be reflected on your revalidation application. During revalidation, make all updates on your Provider Enrollment Wizard revalidation application.*

Reminder notifications are also sent 60 days and 30 days prior to your contract expiring. Failure to complete the revalidation may result in termination from the Virginia Medicaid program.

Key Factors for a successful revalidation:

1. Begin the revalidation process upon receipt of your notification. The application must be received and approved before the revalidation due date.
2. Verify that the pre-populated information is correct.
3. Complete all required information that was not pre-populated.
4. Make sure all required attachments are current, legible, and successfully uploaded for faster processing.
5. Send the application fee immediately, if one is required.
6. Respond promptly if the application is returned for corrections.



*Note: **DO NOT RISK TERMINATION**; revalidate as soon as possible. The timeframe in which to complete the revalidation process, including submitting any required corrections, is limited.*

Like a new enrollment application, the modules displayed are determined by your Enrollment Type, Provider Type, Specialty, and responses throughout your application. Refer to Section **6.1 - Provider Enrollment Wizard Navigation** for an explanation of how to navigate the system or make updates and Section **6.2 - Enrollment Process Overview** to understand how the modules in your revalidation application may vary. For more information about a particular module, refer to the appropriate section of this guide.

When you begin your revalidation, a significant portion of information is pre-populated based on your current contract information.

- Certain fields are only applicable to certain revalidations; if a field does not display in your application then it is not relevant to your revalidation.

- If a field is grayed-out, then it cannot be modified as part of revalidation. Contact the PRSS Enrollment and Management Clerks if read-only information requires updating.

As you complete your revalidation, in addition to the pre-populated fields, you may notice a few differences in comparison to a new enrollment application. Refer to Table 23-1.



*Note: It is your responsibility to review all information for accuracy, update information, and provide any attachments requested.*

**Table 23-1: Revalidation Modules**

| Module              | Differences in Revalidation vs. New Enrollment   |
|---------------------|--|
| General Information | Fields that cannot be edited during revalidation: Enrollment Type, Provider Type, Birth Date, NPI, SSN, EIN, Legal Name, Tax Name. If these fields are inaccurate, a new enrollment (not re-enrollment) is required.<br>MCO programs that you currently participate in are listed. You may change your MCO programs; additional MCO programs selected during revalidation will be submitted to the MCO for review. |
| Specialties         | Selections must be allowed based on Enrollment and Provider Types.   |
| Service Location    | Details must be reviewed during revalidation. Click the Edit icon for the record. Fields that cannot be edited during revalidation: Location Code, County, and Country.  |
| Addresses           | None   |
| Organization        | None   |
| Associations        | None. IG revalidations are processed separately; if you are enrolled as both an Individual and IG, your Individual revalidation will not include an Associations module.   |
| Credentials         | If the Medicare Participation question in the General Information module was updated from Yes to No, previous Medicare Participation details will not be populated. If the License section is applicable to your revalidation, edit and select the Issuing Board.  |
| Provider Type       | None   |
| Other               | None   |
| EFT                 | Not applicable to any revalidation or re-enrollment applications as EFT may be linked to multiple Service Locations.   |
| Disclosures         | If there is an existing disclosure of ownership or controlling interest on the provider file, the status is Started. To view or edit the existing information, click anywhere on the record to view the existing details and edit them, if necessary.  |
| Background Check    | Not applicable to any revalidation applications as fingerprint screening was conducted during enrollment and disclosures account for changes.  |
| Attachments         | None   |
| Fees                | None   |
| Agreement/Submit    | The Portal Registration section is omitted as providers revalidating already have credentials.   |



After submission, the PE Wizard generates a notification specific to revalidation. Refer to Figure 23-1.

*Figure 23-1: Revalidation Complete Notification*

**Subject:** Revalidation Complete Notification

Subject: Enrollment Complete Notification

Congratulations! You have successfully completed your provider enrollment application with the Department of Medical Assistance Services of Virginia. Below is your tracking number that has been associated with your enrollment application.

Tracking Number: 3560340920  
Password: P\*\*\*\*\*!

If you were unable to attach required supporting documentation along with your completed enrollment application, please download the coversheet and submit it with the following, as appropriate:

- Required documentation that you indicated would be submitted by mail
- If you are required to submit an application fee, if one is owed. If check is not received within 30 days of application submission your application will be denied.
- To Pay by Check:
  - Make the check payable to Department of Medical Assistance Services.
  - The amount of the payment is \$5xx.00.
  - Write your Application Tracking Number on the Memo line of the check to ensure it will be credited to the correct enrollment application.

We cannot approve your application until all documentation and fee payment (if required) has been received.

Once your revalidation application is submitted, it will be screened through a variety of services then reviewed by the PRSS Enrollment and Management Clerks who will approve, deny, or return your application for corrections.



*Note: Refer to Section 5.5 - **Check Enrollment Status** for instructions to review your revalidation application status.*

**If your revalidation is returned for corrections**, you will receive a notification with changes that need to be made. This includes providing an additional attachment or editing responses. You have 30 days to make the corrections and resubmit your application: if your revalidation is not resubmitted within that 30 days, your application will be denied. You will receive a reminder after 15 days to resubmit your application.

**If your revalidation is denied**, you will receive a notification with reasons that your application was denied. You are not enrolled in the Virginia Medicaid program. If you are able to address the denial reasons, contact the PRSS Enrollment and Management Clerks.

**If your revalidation is approved**, you will receive notification of your approval and any changes will be reflected in the Provider Portal for ongoing provider. Refer to the Virginia Provider Portal User Guide for functionality. If you selected to apply for new MCO program(s) in the General Information section of your revalidation, your application is submitted to the MCO(s).





*Note: For IG revalidations, your Revalidation Approved Notification is sent to your Authorized Administrator, if you assigned one.*

## Appendix A. Frequently Asked Questions

### A-1. What Enrollment Notifications Will I Receive?

The Contact Information section of the General Information module is the primary driver for all notifications. Once that section is completed and saved, future notifications are emailed or mailed according to the preference.

Notifications prior to saving that section such as application registration are only sent via email.

*Table A-1: Provider Enrollment Notifications*

| Notification                             | Generated  | Sent  |
|--|--|---|
| One-Time Password (OTP) Alert            | When you click the Forgot Password link the Generate OTP.  | Registration Email on Welcome page of Provider Enrollment Wizard    |
| Provider Enrollment Password Reset       | When you click Submit on the Manage Password page or when you click Save from the Reset Password window.   |   |
| Enrollment Application Registration      | When you start a new enrollment application and complete the Registration section.   |   |
| Enrollment Application Expiring          | Reminder is sent 15 days prior to application expiration. Enrollment expires 30 days after last update to your non-submitted application.                |   |
| Enrollment Application Expired           | When your new enrollment application has expired. You will need to start a new application to continue.  |   |
| Enrollment Application Verification Code | When you click Request Verification Code in the Agreement/Submit module.   | Verification Email in Agree/Submit module                           |
| Enrollment Application Submitted         | When you submit your application for review and screening.   | Contact Information Email (even if preferred communication is Mail) |
| Enrollment Application Denied            | If your application is denied, this notification includes reason(s) that your application was denied for participation in the Virginia Medicaid program. | Contact Information Email or Mail, based on preferred communication |
| Enrollment Application Welcome Letter    | If your enrollment application is approved, you will receive confirmation.   |   |
| Revalidation Due                         | Reminders that revalidation is due are sent 90, 60, and 30 days prior to contract expiration. This includes your Revalidation ATN.                       |   |
| Revalidation Password                    | When your revalidation is due. This is 90 days prior to your contract's expiration.  |   |
| Revalidation Approved                    | If your revalidation application is approved, you will receive confirmation.   |   |

| Notification                | Generated  | Sent   |
|-----------------------------|--|--|
| Revalidation Denied         | If your revalidation is denied, this notification includes reason(s) that your application was denied for participation in the Virginia Medicaid program.  |  |
| Return to Provider          | If corrections are needed based on review of your application or revalidation, this notification includes reason(s) that the application is returned. Corrections must be made and resubmitted within 30 days. A reminder is sent 15 days prior to application cancellation. |  |
| Fingerprint                 | Notifications requesting fingerprints are sent to providers and owners with at least 5% ownership who are required to submit fingerprints but do not have any on file that are less than five years old.   |  |
| Provider Portal Credentials | If your enrollment application was approved, you completed the Provider Portal Registration section, and you do not already have MES credentials, you will receive credentials to maintain your provider information.  | Portal Registration Details Email in Agree/Submit module |

### A-2. When can I revalidate?

You will receive notification 90 days prior to your contract’s expiration to revalidate your enrollment. It is suggested you submit your revalidation as soon as you receive notification to allow for processing time and time to submit any corrections, if needed, prior to your contract’s expiration date.

If you miss your revalidation date, your contract will be terminated and you will need to complete re-enrollment. Re-enrollment requires additional screening and review compared to revalidation and will therefore likely take additional time to process before your contract can be reactivated.

To avoid interruptions in your contract status, be sure to complete your revalidation within the 90 days prior to your contract expiration.

Note that if your contract was terminated for cause such as a sanction, you will not have the option to revalidate.



*Note: Once your revalidation application is generated, changes made through Provider Portal or requested by a PRSS Clerk will NOT be reflected on your revalidation application. During revalidation, make all updates on your Provider Enrollment Wizard revalidation application.*

## Appendix B. Acronyms

| Acronym | Definition  |
|---------|---|
| AA      | Authorized Administrator                            |
| ACA     | Affordable Care Act                                 |
| ADA     | Americans with Disabilities Act                     |
| ARRA    | American Recovery and Reinvestment Act              |
| ATN     | Application Tracking Number                         |
| BHSA    | Behavioral Health and Substance Abuse               |
| CAQH    | Council for Affordable Quality Healthcare           |
| CLIA    | Certified Laboratory Improvement Amendments         |
| CMS     | Centers for Medicare & Medicaid Services            |
| DDE     | Direct Data Entry                                   |
| DEA     | Drug Enforcement Administration                     |
| DOB     | Date of Birth                                       |
| EDI     | Electronic Data Interchange                         |
| EFT     | Electronic Funds Transfer                           |
| EIN     | Employer Identification Number                      |
| EOB     | Explanation of Benefits                             |
| FFS     | Fee-For-Service                                     |
| HIPAA   | Health Insurance Portability and Accountability Act |
| ID      | Identification                                      |
| IG      | Individual Within a Group                           |
| IRS     | Internal Revenue Service                            |
| JC      | Joint Commission                                    |
| MCO     | Managed Care Organization                           |
| MES     | Medicaid Enterprise System                          |
| NPI     | National Provider Identifier                        |
| NPPES   | National Plan & Provider Enumeration System         |
| ORP     | Ordering, Referring, Prescribing                    |
| OTP     | One-Time Password                                   |
| PDF     | Portable Document Format                            |
| PE      | Provider Enrollment                                 |
| PM      | Provider Management                                 |
| POS     | Prosthetics, Orthotics, and Supplies                |
| PRSS    | Provider Services Solution                          |
| SCC     | Virginia State Corporation Commission               |
| SSN     | Social Security Number                              |
| UAT     | User Acceptance Testing                             |
| UI      | User Interface                                      |

| Acronym | Definition                   |
|---------|------------------------------|
| URL     | Uniform Resource Locator     |
| USPS    | United States Postal Service |