



Virginia Provider Enrollment (PE) Wizard User Guide

Medicaid Management Solutions

Release: 26

Release Date: 08/26/2024

Note: This user manual will continue to be updated to reflect new functionality and User Interface (UI) changes because 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 Rule¹ and the American Recovery and Reinvestment Act (ARRA) of 2009 requires that covered entities protect the privacy and security of individually identifiable health information.

¹ 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule
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Revision History

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	10/2021	M. Wanstall	Final Draft
2.0	01/2022	M. Wanstall	Updates for PRSS End-User Training
3.0	03/2022	J. Montanez	Updates for go-live implementation
4.0	08/2024	T. West and K. Norton	Release 26

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I. 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.

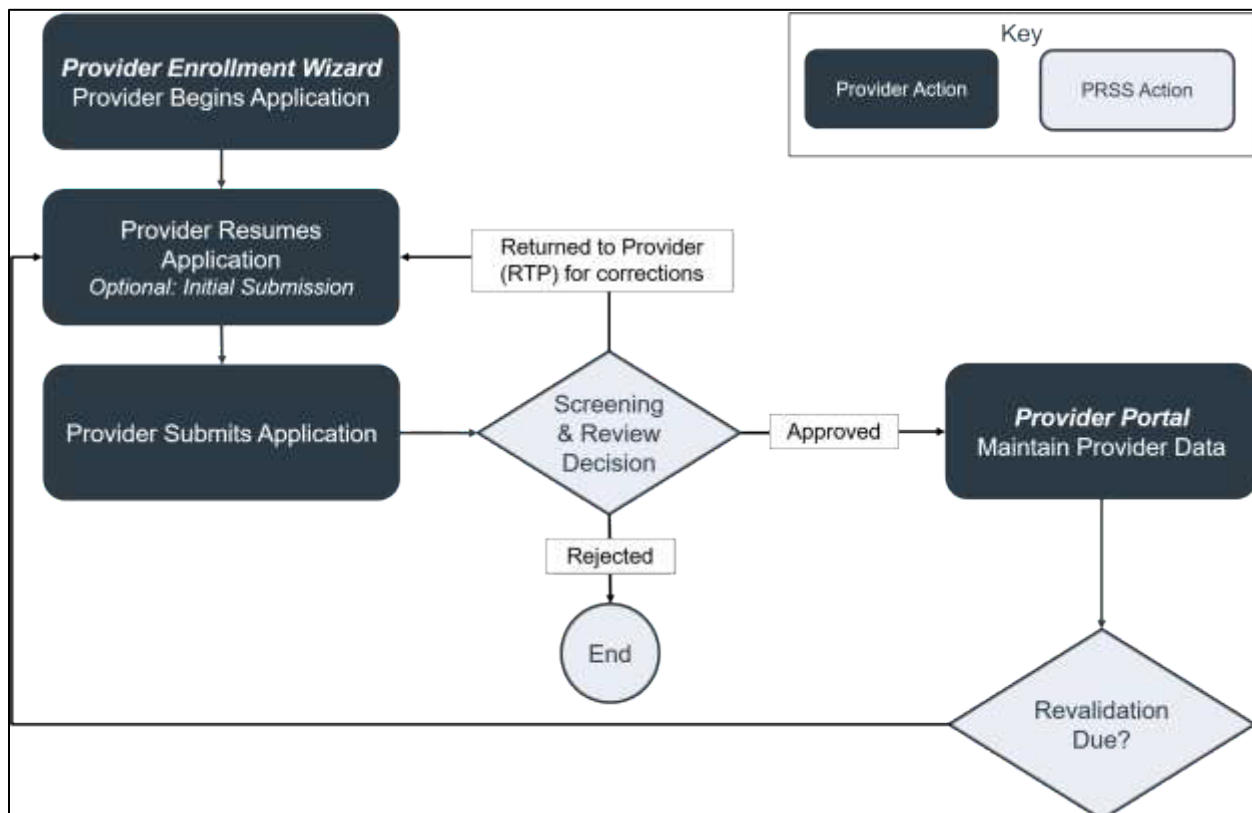
Throughout this guide, you will see various notes to enhance your use of the PE Wizard. Refer to Figure 1.

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

Figure 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 **4.1 - 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 **4.2 - 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

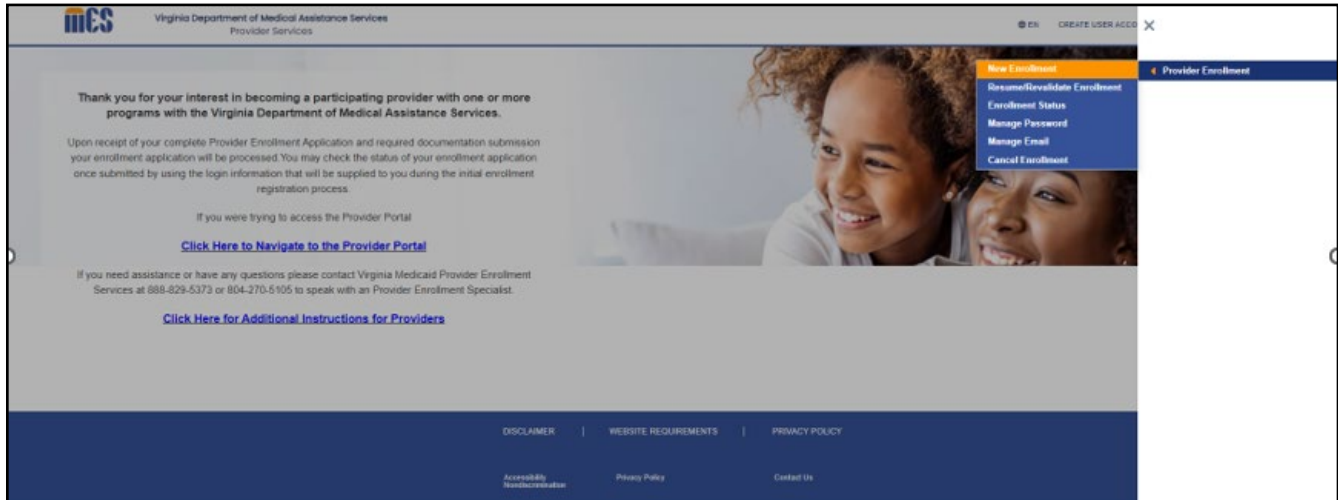
Provider Enrollment (PE) Overview

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.

3.1 Provider Enrollment (PE) Home Page

Navigate to the PE Home Page: <https://virginia.hppcloud.com/>. Refer to Figure 3.

Figure 3: Provider Enrollment Home Page

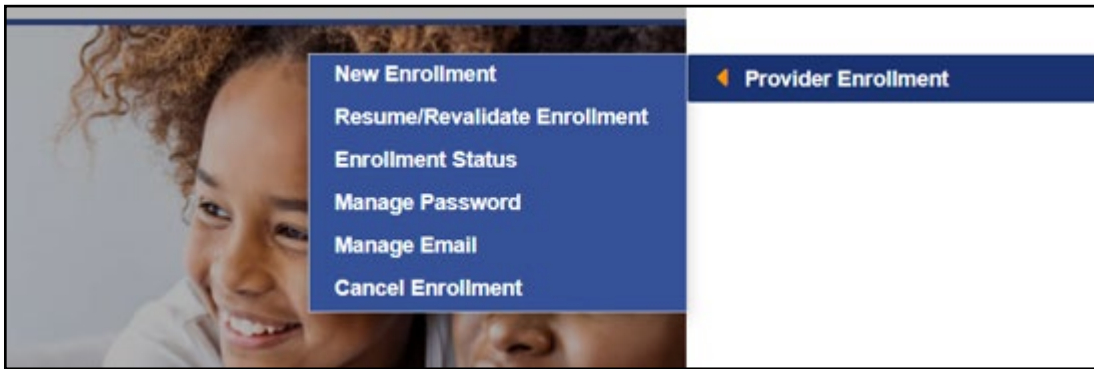


Description of each feature:

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.



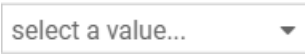



Figure 4: Quick Link Menu








3.2 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 1 for a listing and description of the interactive features.

Table 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. <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.

3.3 Error and Warning Messages

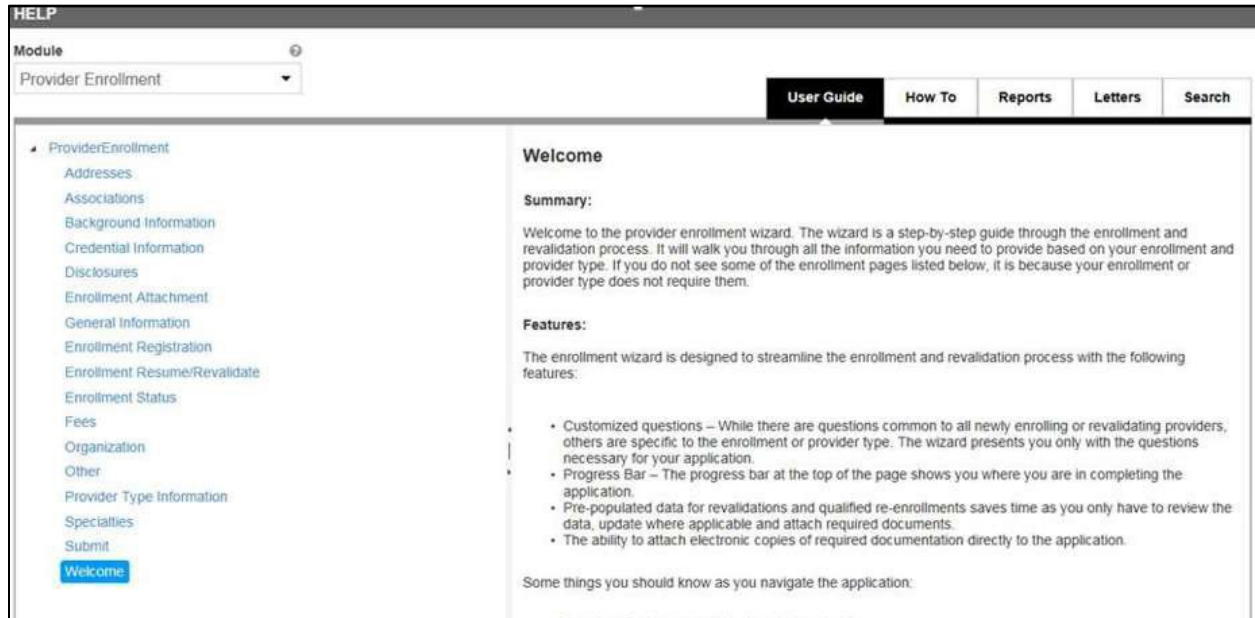
If you try to save and continue while required information is missing or if a response is not allowed based on other entered information, an error message appears. The error message may be at the field level or at the window level, so be sure to scroll through the entire window to verify if an error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

3.4 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 are on the General page and click the Help icon, the summary for that page opens in the Help module. Refer to Figure 5.

Figure 5: Help



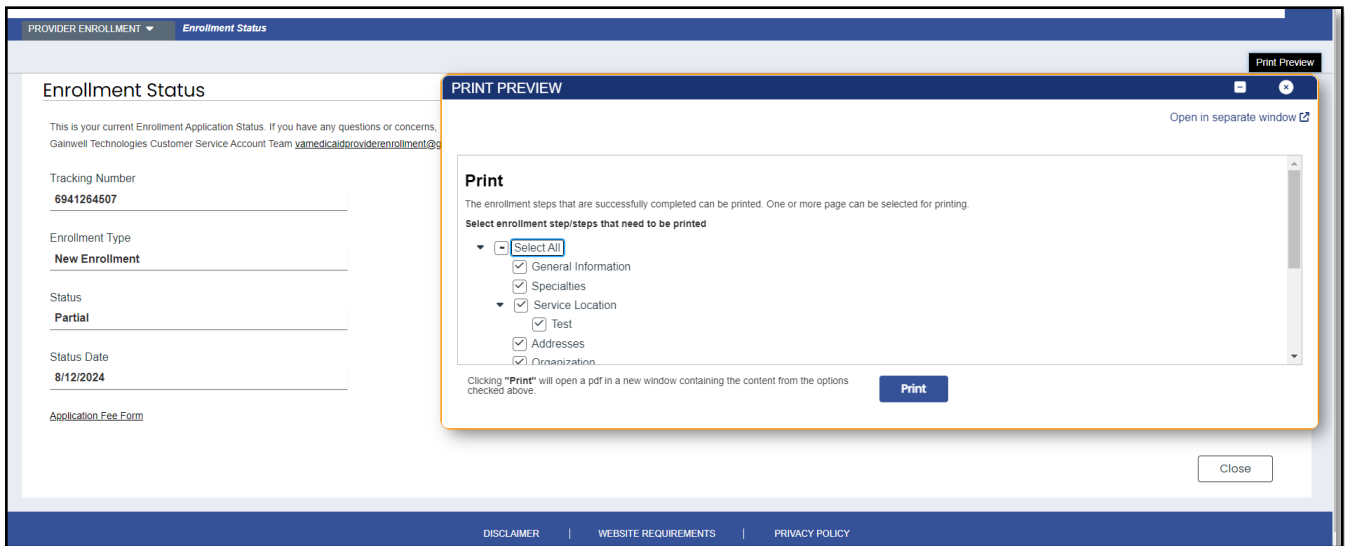
3.5 Printing the Application

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 4.5 - **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.

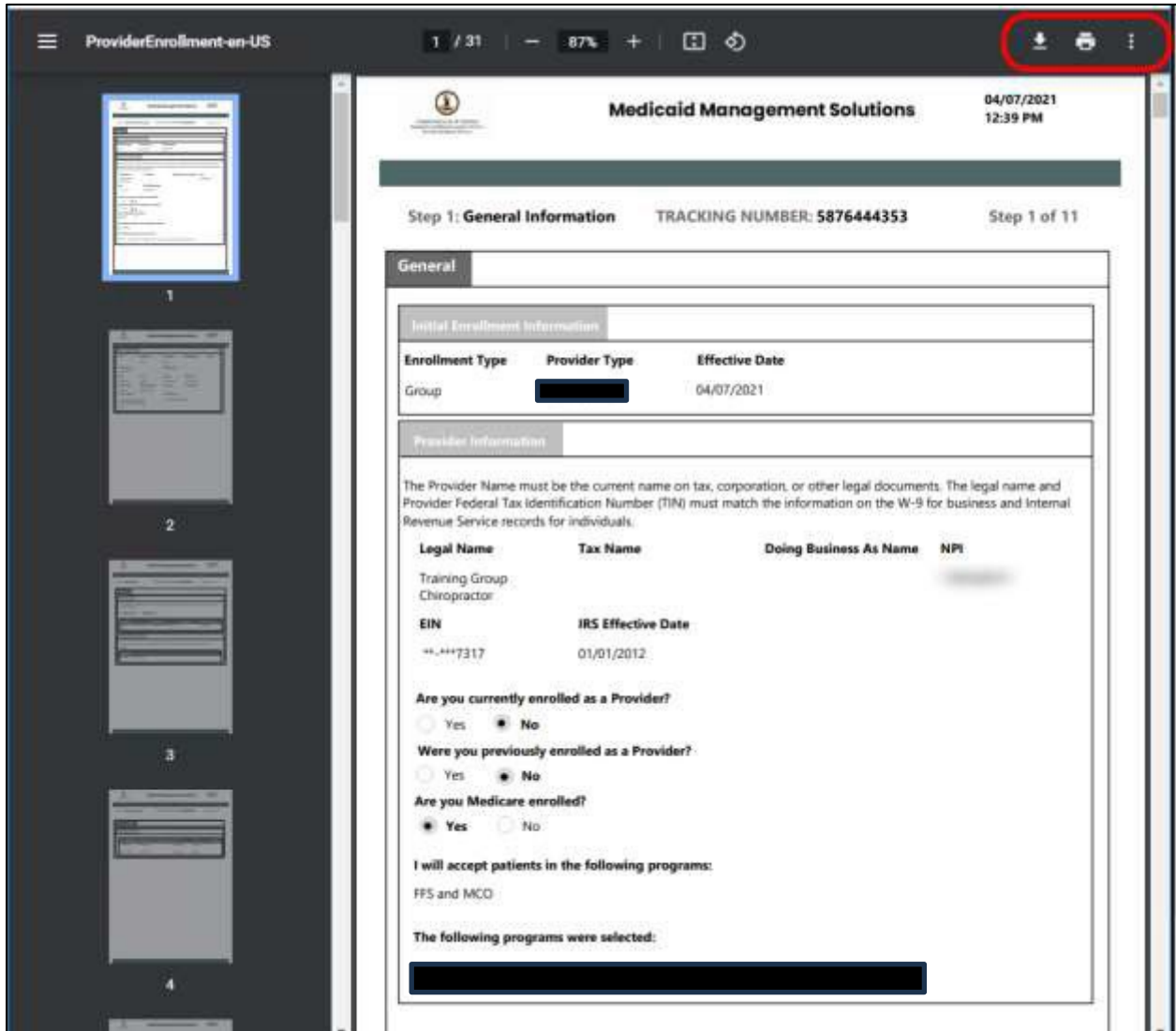
3. Click **Print**. Refer to Figure 6.

Figure 6: Print Preview



- 4. A PDF generates and opens in a new window. View the document, use the download, or print icons to save the file. Refer to Figure 7.

Figure 7: Print Preview Application



4. 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 to the provider per the communication preference selected by you during enrollment and may be accessed from file downloads in Provider Portal.

This guide is only for new/re-enrolling or revalidating providers for one or more of the Virginia Medicaid program(s). 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.

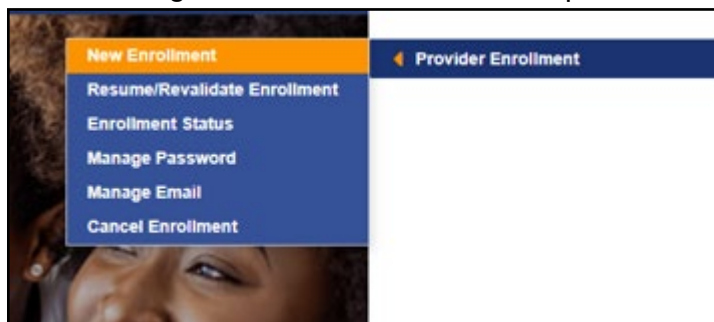


*Note: Refer to the **Virginia Provider Portal User Guide** to manage your MCO Network contracts between your approval for the Virginia Medicaid program and the start of your revalidation period.*

4.1 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 8.

Figure 8: New Enrollment Menu Option



3. The **New Enrollment Welcome** page appears. Refer to Figure 9.

Figure 9: New Enrollment Welcome Page

PROVIDER ENROLLMENT **New Enrollment**

Welcome

Welcome to the Virginia Department of Medical Assistance Services Online Provider Enrollment System

Providers should review enrollment requirements using the Enrollment Pre-Checklist below to determine required documentation by Medicaid Program, Enrollment Type, and Provider Type and Specialties. The online Provider Enrollment System requires information and guides you based on this information

When you submit your enrollment application, you may check the status and respond to Return to Provider (RTP) requests for additional information needed to continue the review of your enrollment application.

Please click the "Start" button to begin the enrollment process. The application will automatically save each time you click "Continue".

Start

Enrollment Pre-Checklist

Please select from the below parameters to generate a checklist enlisting the credentials and required documentation for your enrollment application. All information must be complete and current for processing.

* Enrollment Type select a value...	* Provider Type select a value...
* Specialty select a value...	* Tax ID Type <input type="radio"/> EIN <input type="radio"/> SSN
* Are you Medicare enrolled? <input type="radio"/> Yes <input type="radio"/> No	* I will accept patients in the following programs: select a value...

Clear **Generate Pre-Checklist**

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 can 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 10.

Figure 10: Enrollment Pre-Checklist Form

Enrollment Pre-Checklist

Please select from the below parameters to generate a checklist enlisting the credentials and required documentation for your enrollment application. All information must be complete and current for processing.

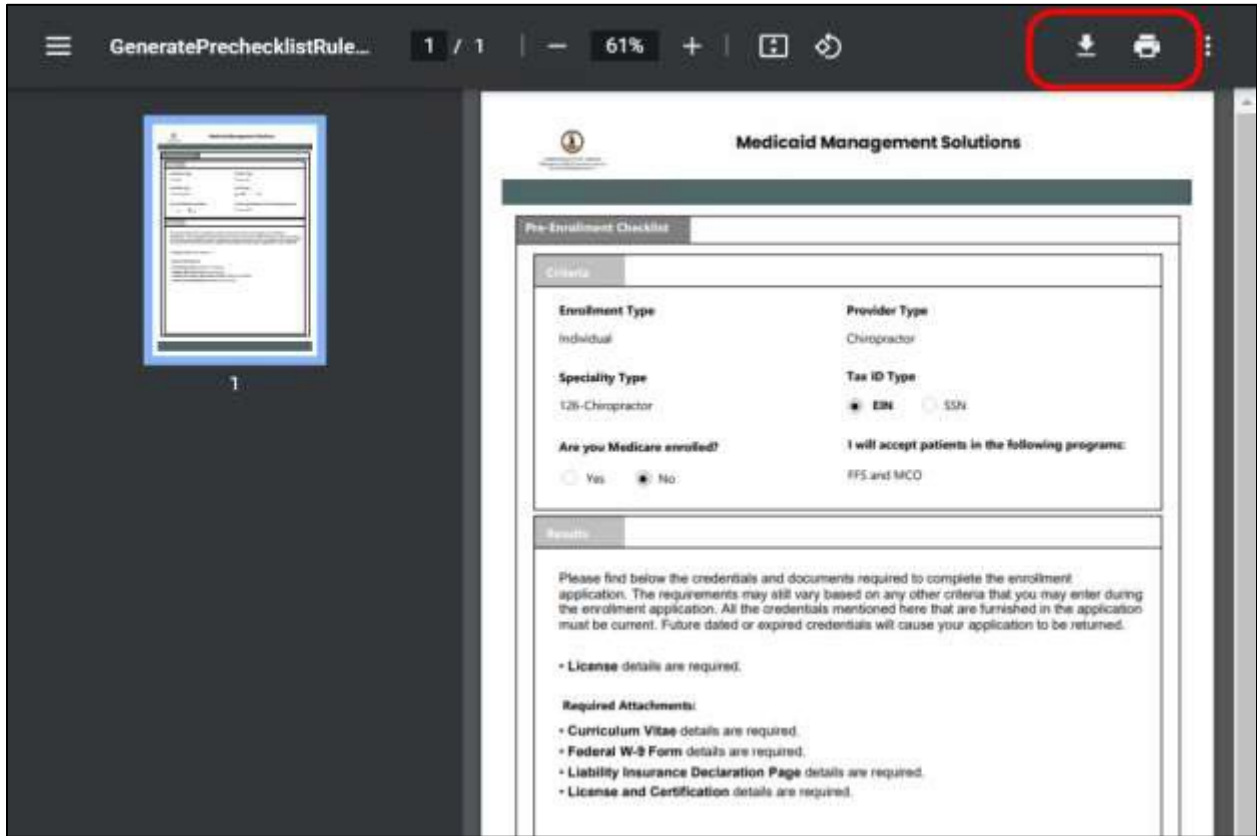
* Enrollment Type select a value...	* Provider Type select a value...
* Specialty select a value...	* Tax ID Type <input type="radio"/> EIN <input type="radio"/> SSN
* Are you Medicare enrolled? <input type="radio"/> Yes <input type="radio"/> No	I will accept patients in the following programs: select a value...



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 11.

Figure 11: 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 12.

Figure 12: Start Enrollment Application

9. Complete the registration fields then click **REGISTER**. Refer to Figure 13.

- 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 13: Registration

The screenshot shows a web browser window with the title 'PROVIDER ENROLLMENT' and a sub-header 'New Enrollment'. The main heading is 'Registration'. Below the heading is an 'IMPORTANT NOTICE' section with instructions on how to check enrollment status and what to do if listed on an extract. The form contains five input fields: 'Email', 'Confirm Email', 'Password', 'Confirm Password', and 'Provider Reference'. Each field has a small circular icon to its right. At the bottom right of the form 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 14.



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 14: Registration Complete Dialog

i **REGISTRATION COMPLETE**

Your tracking number is **5299826283**.

An email will be generated and sent to your email address
[REDACTED]@gainwelltechnologies.com with further instructions.

You can now continue with your enrollment application.

OK

4.2 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 16, and one includes your password for revalidation, see Figure 17.

Figure 16: Revalidation Notification -ATN

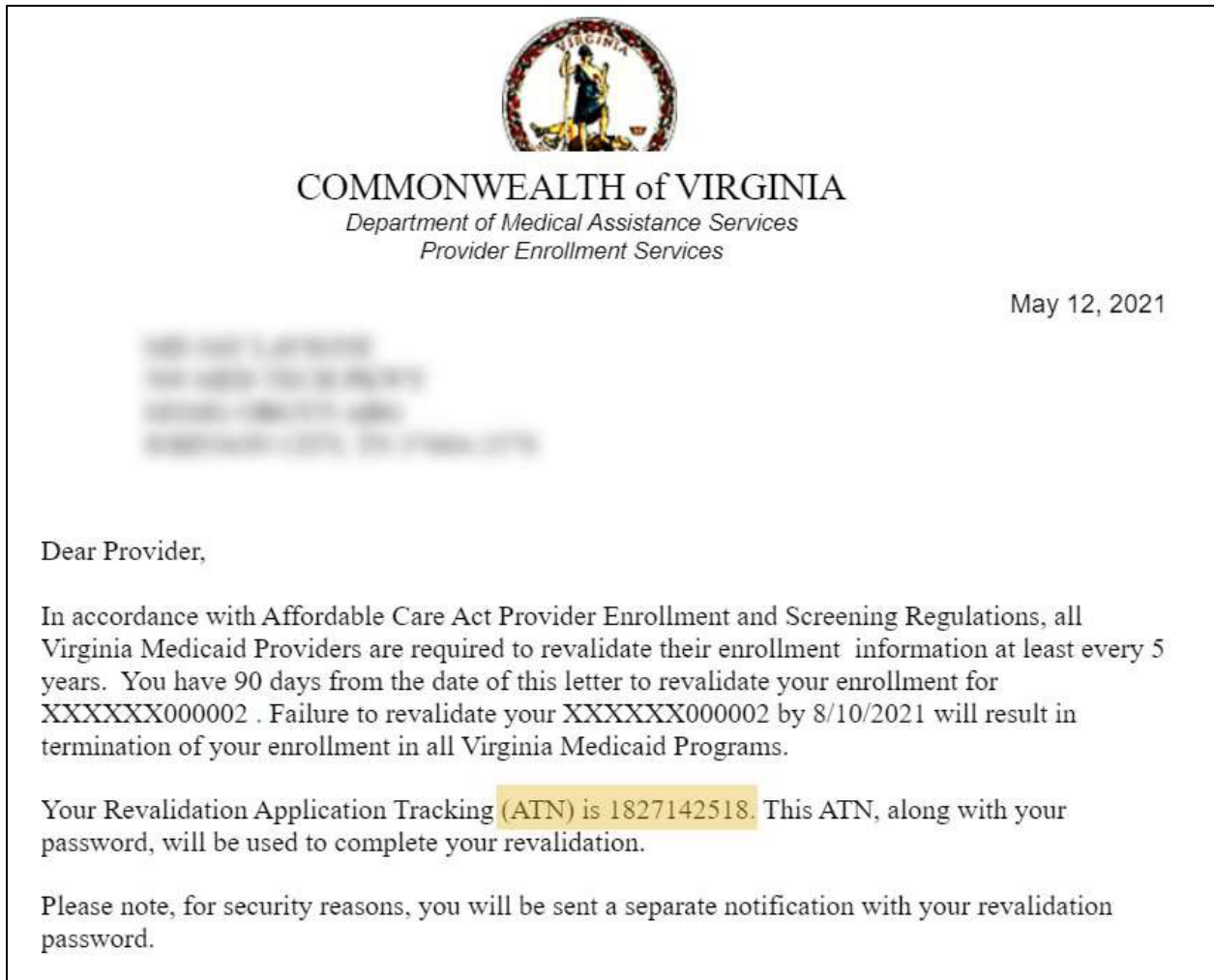
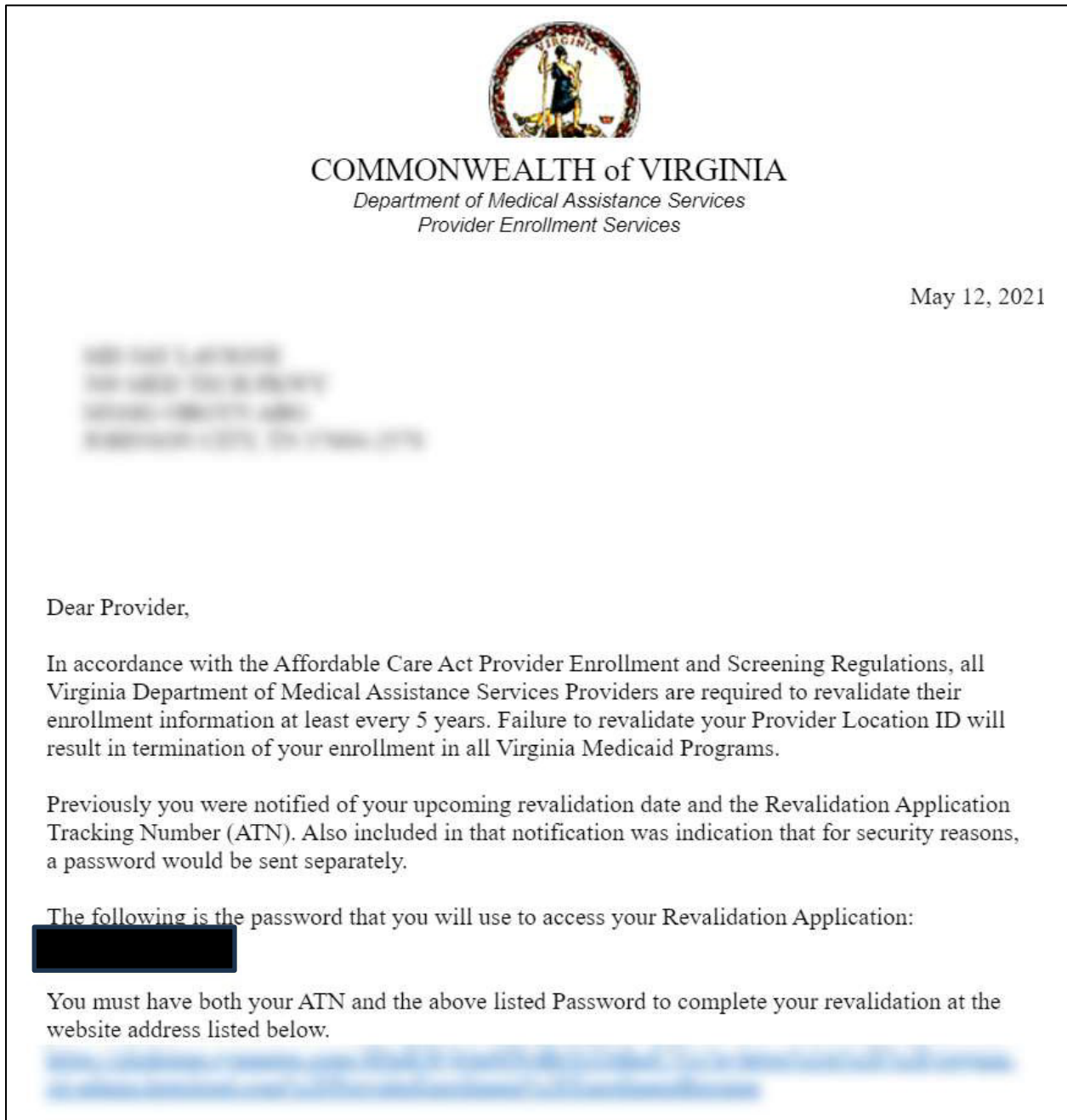


Figure 17: Revalidation Notification - Password



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 18.

Figure 18: Start Revalidation Enrollment

The screenshot shows a web browser window with the title 'PROVIDER ENROLLMENT' and a sub-header 'Resume/Revalidate Enrollment'. The main heading is 'Resume/Revalidate Enrollment'. Below the heading, there is a prompt: 'Enter the Application Tracking Number and Password to resume/revalidate enrollment.' This is followed by 'IMPORTANT REVALIDATION INFORMATION:' with two bullet points: '- If your revalidation has expired, you have 45 days from the date of expiration to resume your revalidation. After 45 days, you must re-enroll.' and '- If you do not have the required attachments while revalidating your Service Location Id, you may upload a blank document to proceed.' There are two required input fields: '* Tracking Number' and '* Password', both with asterisks indicating they are required. A 'Forgot Password?' link is located below the password field. At the bottom of the form, there are two buttons: 'Cancel' on the left and 'Resume' on the right. A 'Required Fields (*)' indicator is visible in the top right corner of the form area.

4. If this is the first time accessing your revalidation application, you are prompted to change your password. Complete the steps in Section 4.4 - **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 22 - **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 6 - **General Information** to 20 - **Agreement/Submit** for details on any module.

4.3 Resume Enrollment or Revalidation

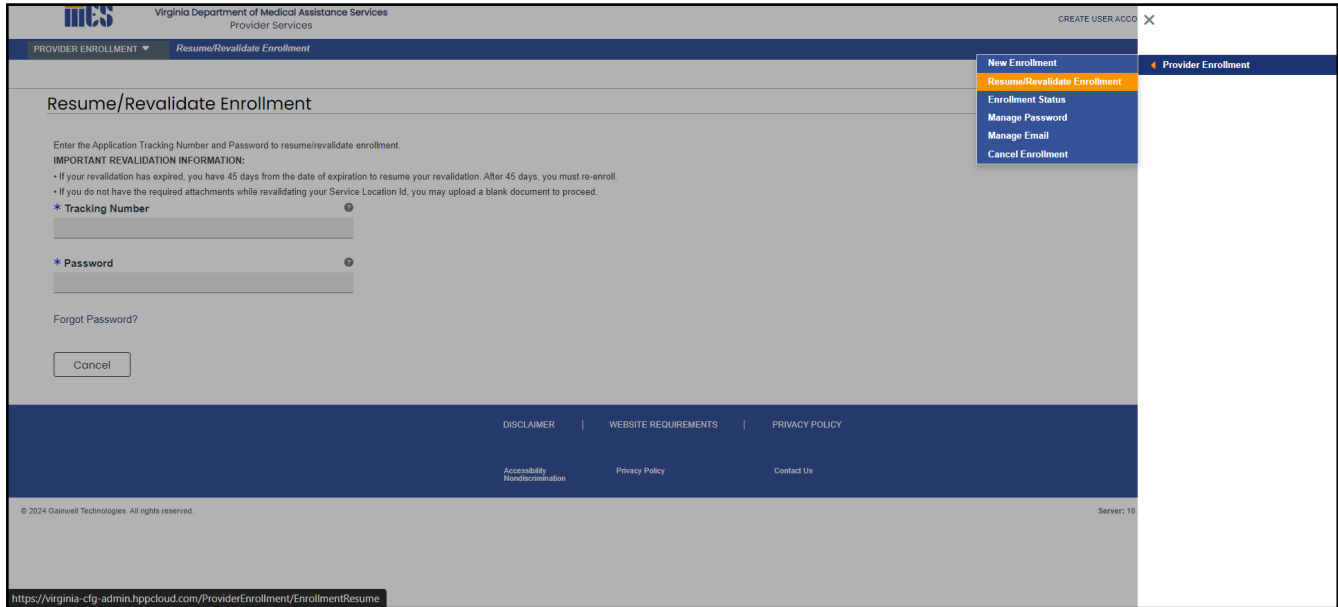
If you need to return to a partially completed application or received a notification to edit your application, resume your enrollment.

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 19.

Figure 19: Resume Enrollment Menu Option



3. Enter the fields.
4. Click **RESUME**. Refer to Figure 20.
 - For new enrollment, your **Tracking Number** is the ATN emailed to you during enrollment registration.
 - For revalidation, your Tracking Number is in the revalidation notifications.

Figure 20: Start Resume Enrollment

PROVIDER ENROLLMENT ▾ *Resume/Revalidate Enrollment*

Resume/Revalidate Enrollment

Enter the Application Tracking Number and Password to resume/revalidate enrollment.

IMPORTANT REVALIDATION INFORMATION:

- If your revalidation has expired, you have 45 days from the date of expiration to resume your revalidation. After 45 days, you must re-enroll.
- If you do not have the required attachments while revalidating your Service Location Id, you may upload a blank document to proceed.

* **Tracking Number** ?

* **Password** ?

Forgot Password?

DISCLAIMER | WEBSITE REQUIREMEN



Note: If you forget your password, refer to Section 4.4.2 – 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.

4.4 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 different from the password for Provider Portal.

4.4.1 Change Password

1. Click **Menu** then **Provider Enrollment** then **Manage Password**. Refer to Figure 21.

Figure 21: Manage Password Menu Option

Change Password

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 Gainwell Technologies Customer Service Account Team: va-medical-provider-enrollment@gainwelltechnologies.com

* Tracking Number

* Enter your existing Password

* New Password

* Confirm New Password

Forgot Password?

- New Enrollment
- Deactivate/Revalidate Enrollment
- Enrollment Status
- Manage Password
- Manage Email
- Cancel Enrollment

4 Provider Enrollment



*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 22.

Figure 22: Manage Password

PROVIDER ENROLLMENT Manage Password

Change 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 Gainwell Technologies Customer Service Account Team yamedicalproviderenrollment@gainwelltechnologies.com

* 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 23.

Figure 23: Password Reset Confirmation Email

Dear Provider,

Congratulations! You have successfully reset your provider enrollment application password for the Application Tracking Number (ATN) below. Listed is your ATN and new password that has been associated with your provider enrollment application.

ATN: 6941264507
Password: M*****!

To resume your partially completed enrollment, access the Virginia Medicaid Provider Portal at the website address listed below, enter your ATN and the new password.

[REDACTED]

If you have questions regarding this notification or your enrollment in the Virginia Medicaid Program, please contact the Virginia Medicaid Provider Enrollment Services Helpdesk.

Provider Enrollment Services Helpdesk 8:00 a.m. to 5:00 p.m. ET Monday through Friday	Phone: (804) 270-5105 or (888) 829-5373 Fax: (804) 270-7027 or (888) 335-8476 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com
---	--

Sincerely,

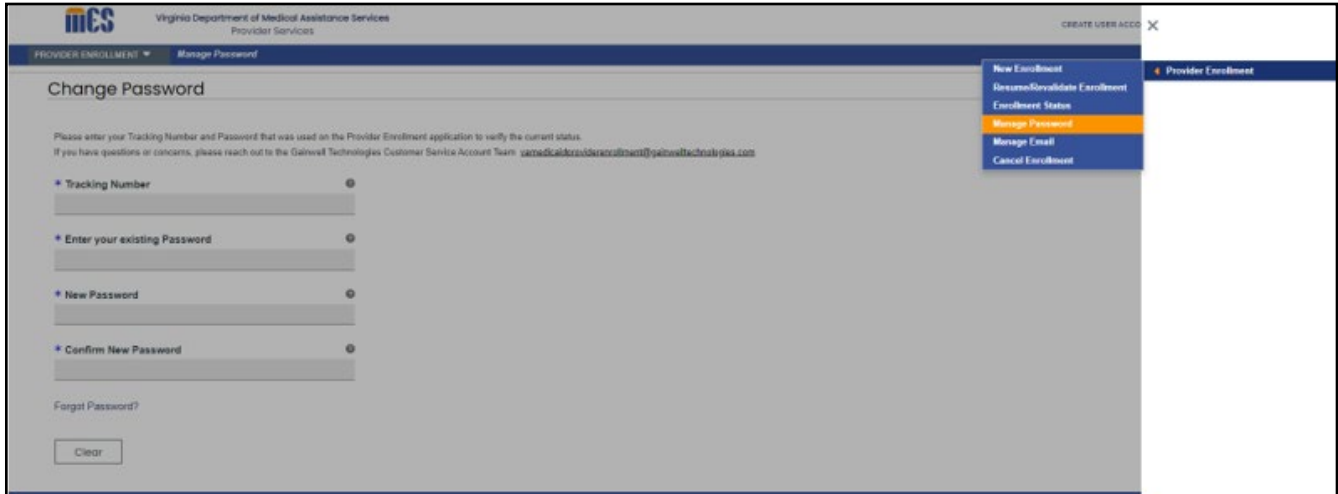
Virginia Medicaid Provider Enrollment Services

4.4.2 Reset Forgotten Password

- I. Click **Menu** then **Provider Enrollment** then **Manage Password**. Refer to Figure 24.

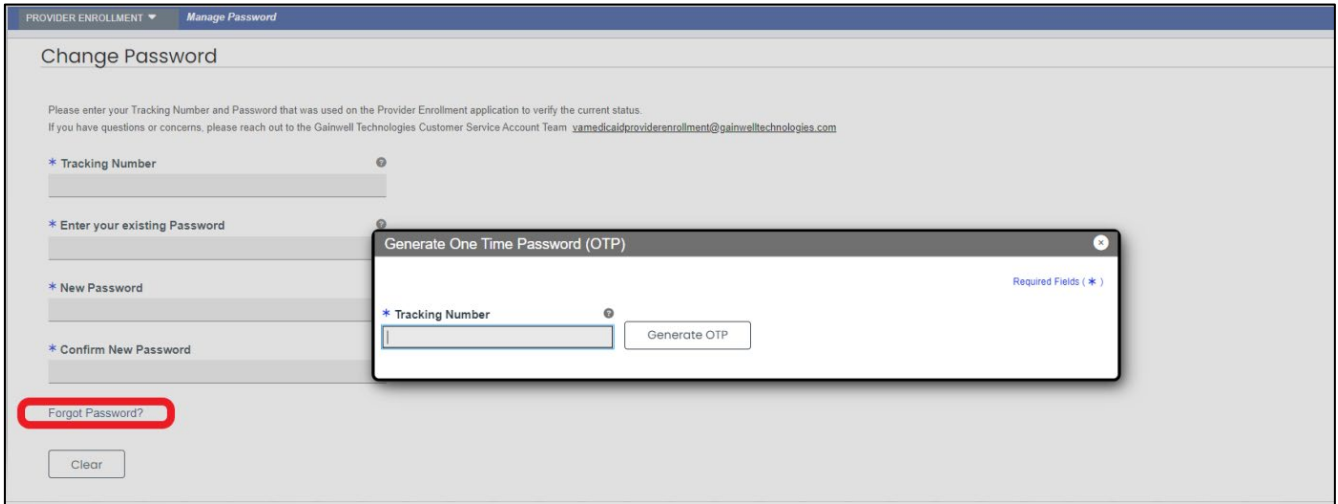
Figure 24: Manage Password Menu Option

VIRGINIA PROVIDER ENROLLMENT (PE) WIZARD USER GUIDE



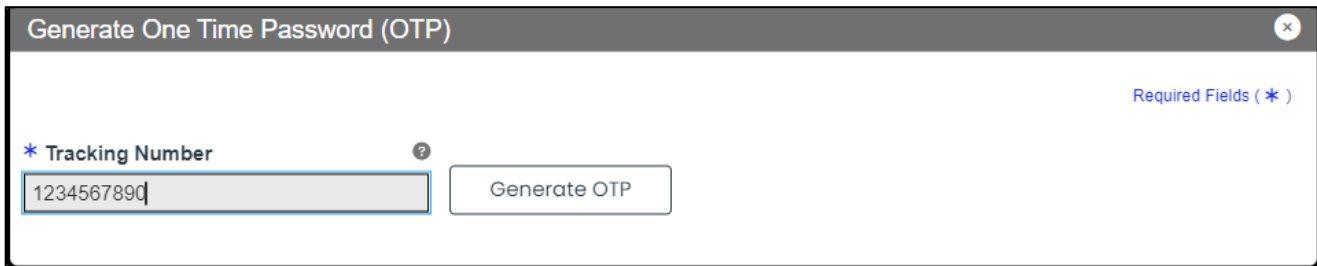
2. The **Manage Password** page appears. Click the **Forgot Password?** hyperlink. Refer to Figure 25.

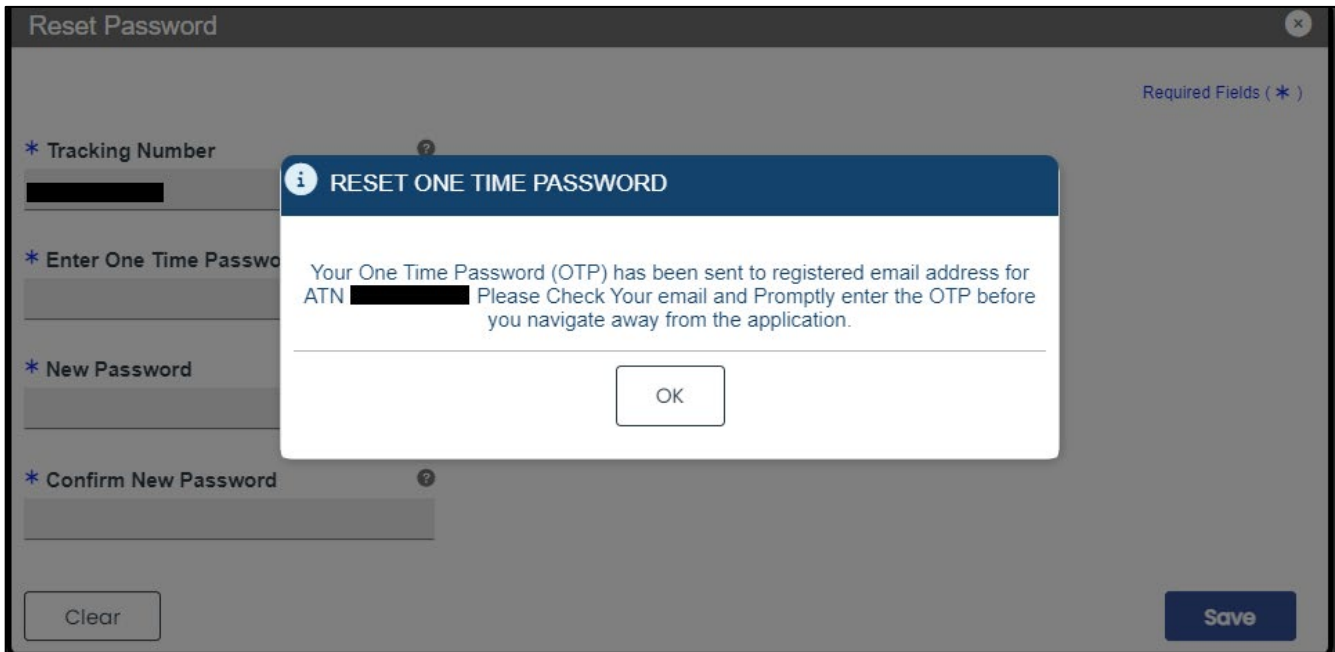
Figure 25: Forgot Password



3. The **Generate One Time Password (OTP)** window displays. Enter your ATN and click. **GENERATE OTP**. Refer to Figure 26.

Figure 26: Generate One-Time Password and Confirmation Message





- 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 27.

Figure 27: One-Time Password Email

Dear Provider,

Please use the following One-Time Password to reset the password for your provider enrollment application,
Application Tracking Number (ATN): [REDACTED]

One Time Password: [REDACTED]6

If your application has closed, this one-time password is not valid. To request a new one-time password, return to the "Forgot Password" option, enter the ATN, and click on the "Generate One Time Password" tab to generate a new password.

If you have questions regarding this notification or your enrollment in the Virginia Medicaid Program, please contact the Virginia Medicaid Provider Enrollment Services Helpdesk.

Provider Enrollment Services Helpdesk 8:00 a.m. to 5:00 p.m. ET Monday through Friday	Phone: (804) 270-5105 or (888) 829-5373 Fax: (804) 270-7027 or (888) 335-8476 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com
--	--

Sincerely,

Virginia Medicaid Provider Enrollment Services

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

7. Click **SAVE**. Refer to Figure 28.

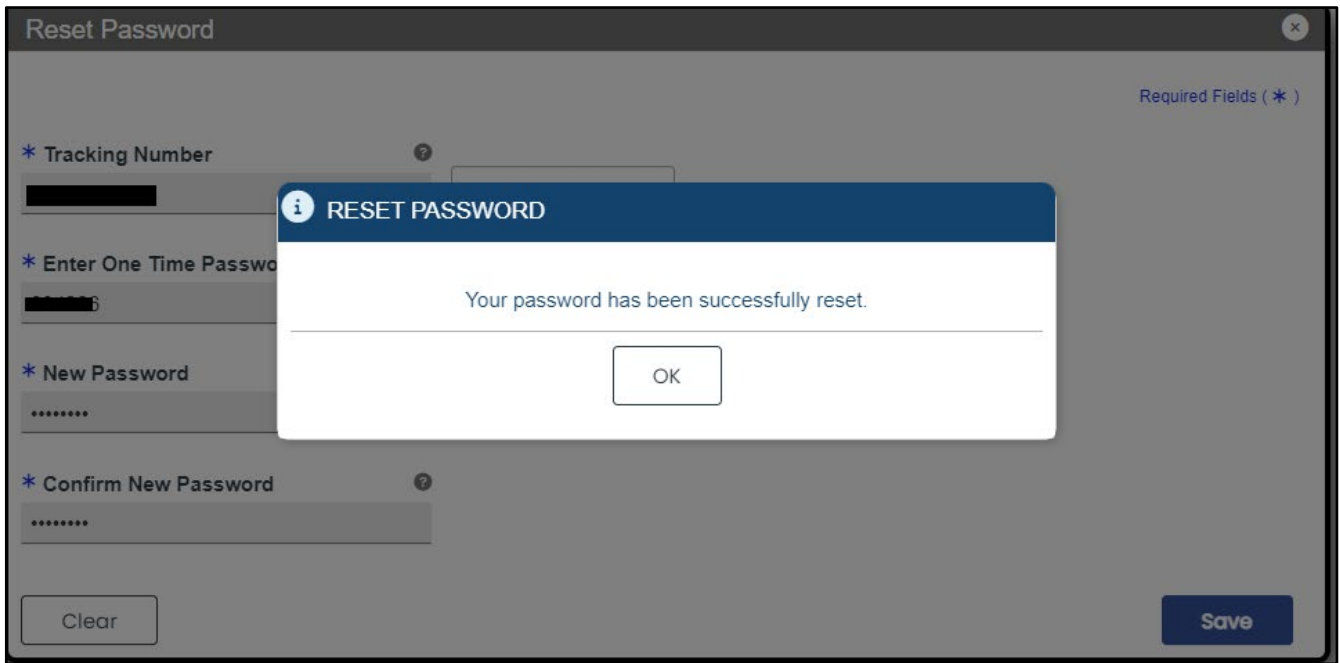
Figure 28: Reset Password with OTP

The screenshot shows a web form titled "Reset Password" with a close button in the top right corner. In the top right of the form area, it says "Required Fields (*)". The form contains the following elements:

- A label "* Tracking Number" with a question mark icon. Below it is a text input field containing a blacked-out value.
- A "Generate OTP" button located to the right of the Tracking Number input field.
- A label "* Enter One Time Password" with a question mark icon. Below it is an empty text input field.
- A label "* New Password" with a question mark icon. Below it is an empty text input field.
- A label "* Confirm New Password" with a question mark icon. Below it is an empty text input field.
- A "Clear" button in the bottom left corner.
- A "Save" button in the bottom right corner.

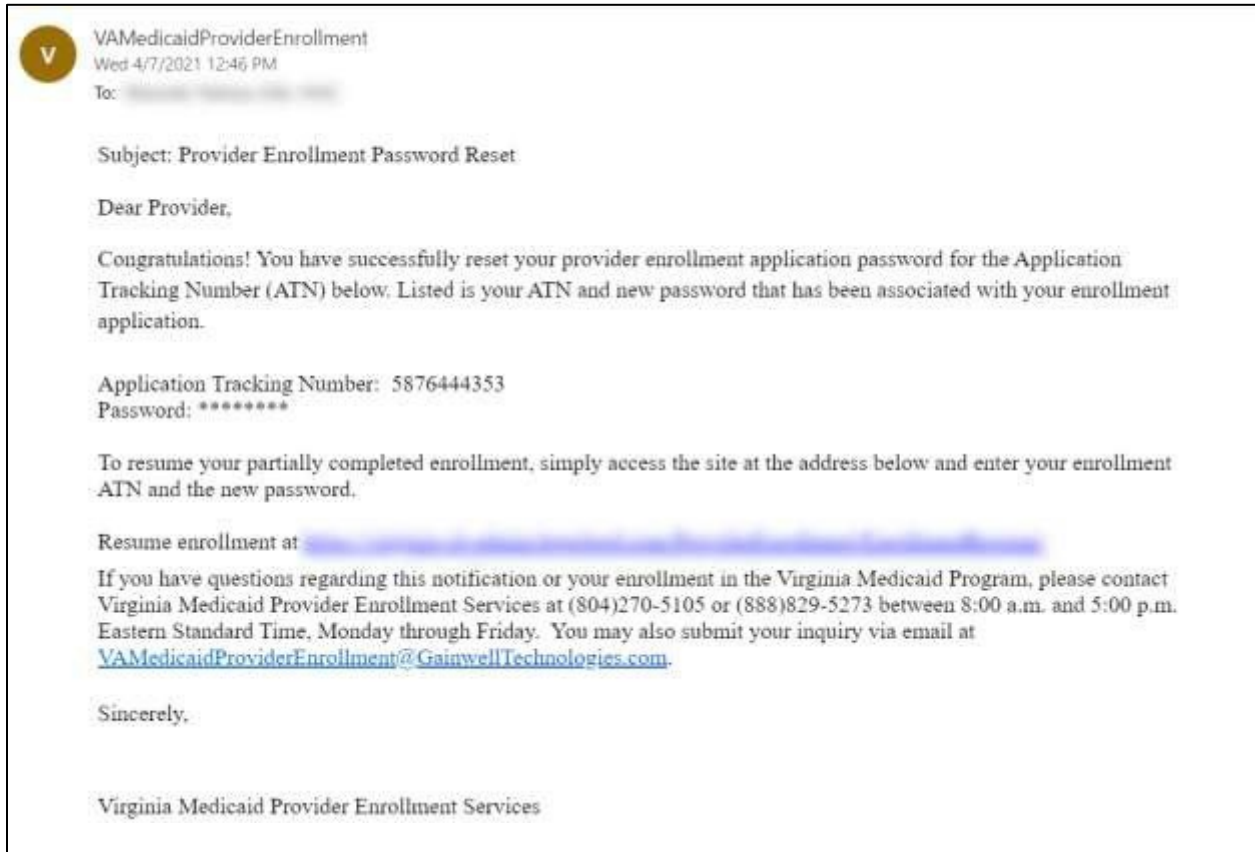
8. Your password is successfully saved. Click **OK**. Refer to Figure 29.

Figure 29: 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 30.

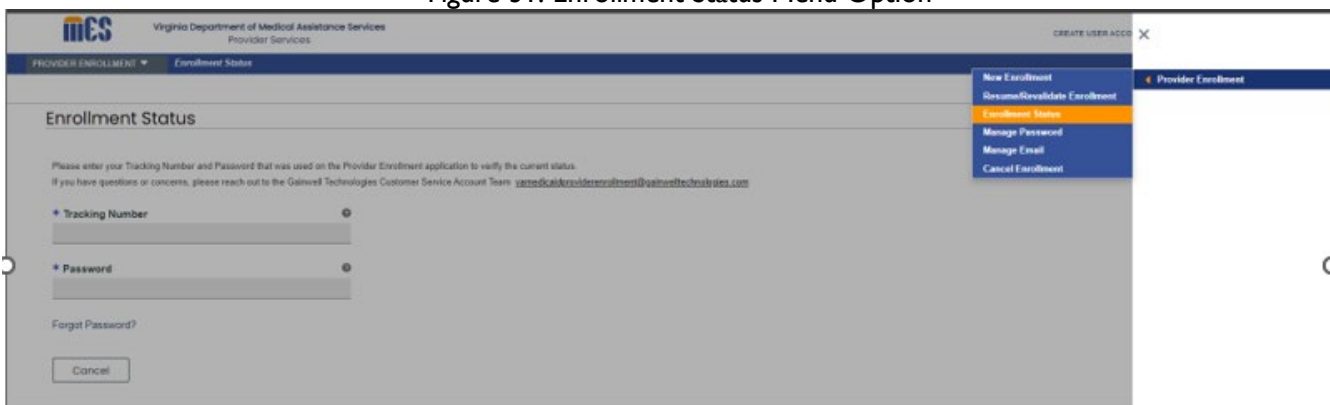
Figure 30: Password Reset Confirmation Email



4.5 Check Enrollment Status

1. Click **Menu** then **Provider Enrollment** then **Enrollment Status**. Refer to Figure 31.

Figure 31: 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 32.

Figure 32: Enrollment Status Page

PROVIDER ENROLLMENT ▾ Enrollment Status

Enrollment Status

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 Gainwell Technologies Customer Service Account Team vamedicalproviderenrollment@gainwelltechnologies.com

* Tracking Number ?

* Password ?

[Forgot Password?](#)



*Note: If you forget your password, refer to **Section 4.4.2 - 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 3.5 - Printing the Application**.*

- 4. The enrollment status details appear. Refer to Figure 33.

Figure 33: Enrollment Status Page Details

The screenshot shows a web interface for enrollment status. At the top right, there is a 'Print Preview' button circled in red with a mouse cursor. Below this is a header 'Enrollment Status' in a dark box. The main content area contains the following text and fields:

This is your current Enrollment Application Status. If you have any questions or concerns, please contact Customer Service.

Customer Service Account Team

Tracking Number
2739104231

Enrollment Type
New Enrollment

Status
Partial

Status Date
9/20/2021

[Application Fee Form](#)

At the bottom right of the form area, there is a 'CLOSE' button.

For a description of statuses, refer to Table 2.

Table 2: 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 period 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 period 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 periods.
Started	A provider has requested a re-enrollment application, and the pre-populated application has been generated.

4.6 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 34.


Figure 34: 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 35.

Figure 35: 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
1234567890

* Password

Forgot Password?

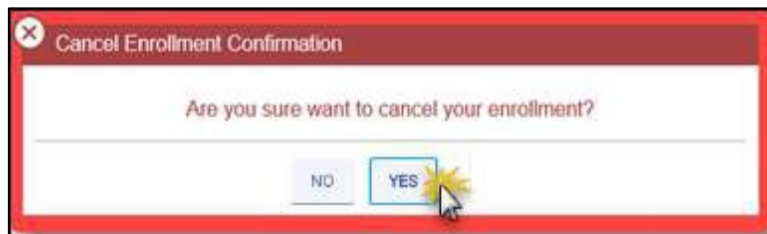
CANCEL SUBMIT



Note: If you forget your password, refer to Section 4.4.2 - Reset Forgotten Password.

4. A **Cancel Enrollment Confirmation** message window appears. Click **Yes**. Refer to Figure 36.

Figure 36: Cancel Enrollment Confirmation



5. The enrollment is canceled. The **Cancel Enrollment** message window appears. Click **OK**. Refer to Figure 37.

Figure 37: Cancel Enrollment



5. Provider Enrollment Wizard

5.1 Provider Enrollment Wizard Navigation

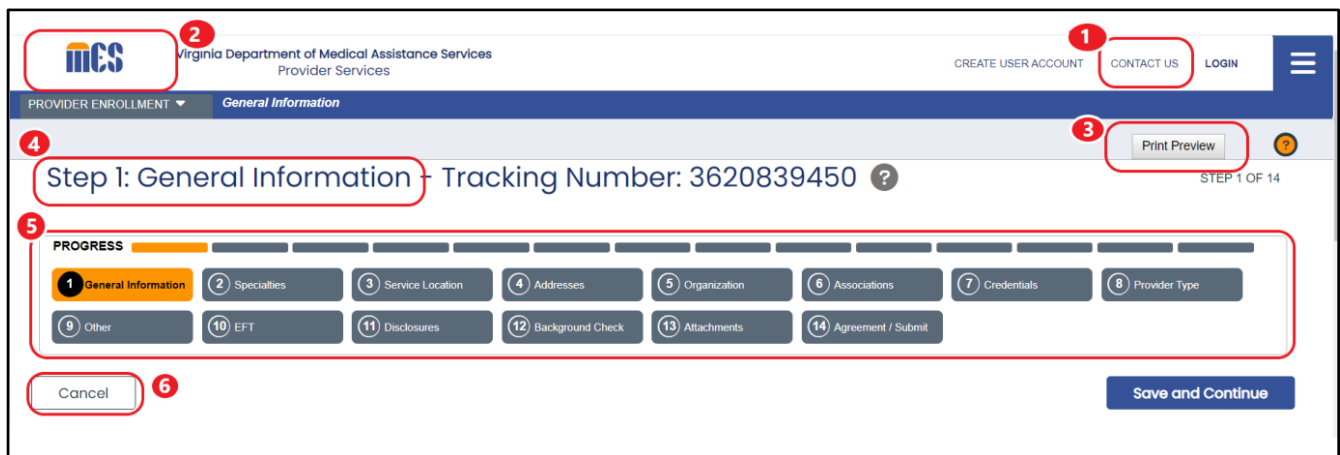
The PE Wizard is designed to streamline the enrollment and revalidation process with the following features:

Table 3: 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 PE Wizard 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 38.

Figure 38: 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.
 - a. **Progress Bar** gives a visual of how many steps have been completed and how many are remaining.
 - b. **Module** tiles display all 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 4.3 - **Resume Enrollment or Revalidation** to continue your application.*

6. Navigation buttons allow you to seamlessly move through the steps of your application.
 - a. **Cancel** clears all data entered since the last save. If you want to cancel your entire enrollment application, refer to Section 4.6 - **Cancel Enrollment**.
 - b. **Previous** switches to the preceding step listed on the Navigation Menu.
 - c. **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 your displays. Therefore, the number of steps may change as the system determines if information is needed.

5.1.1 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 3.2 - 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 39.

Figure 39: Field Update Example

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

- Legal Business Name:** Training Group Chiropractic (highlighted with a red circle)
- Tax Name:** (empty)
- Doing Business As Name:** (empty)
- NPI:** (empty)
- EIN:** (empty)
- IRS Effective D...:** 01/01/2012

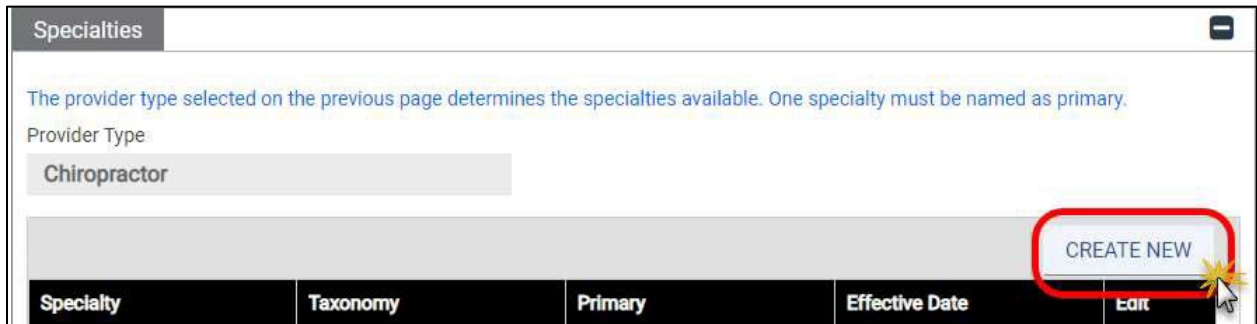
At the bottom of the form, there are two buttons: 'CANCEL' and 'SAVE AND CONTINUE'.

5.1.2 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 40.

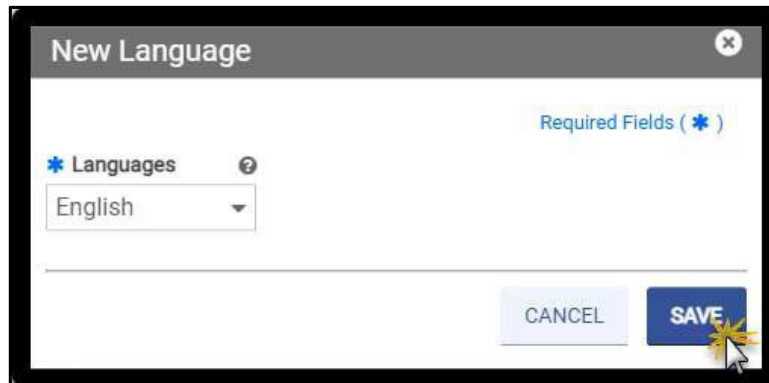
Figure 40: Create New Example



Note: Table view allows you to see all 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.

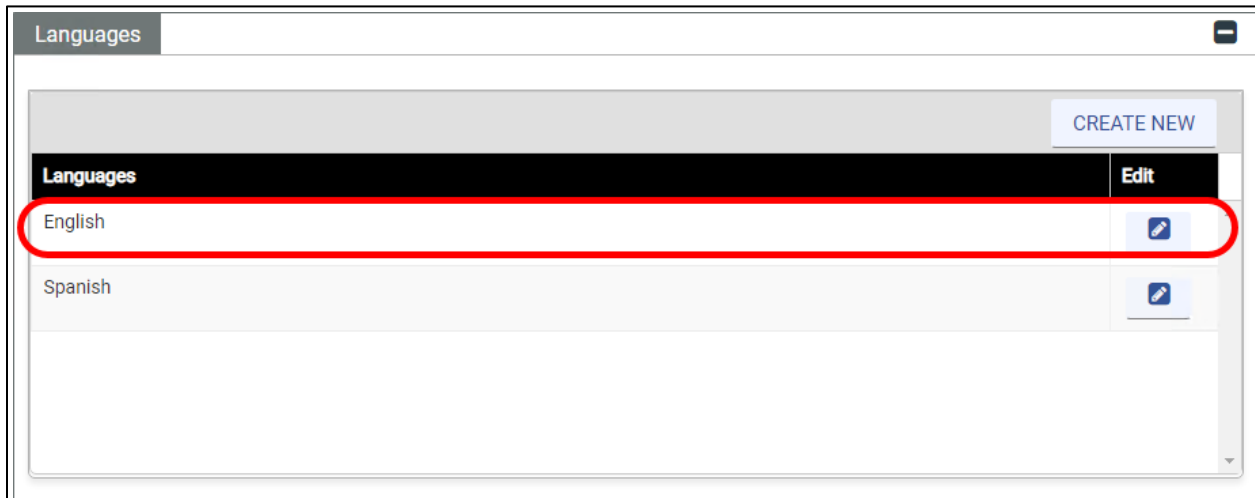
2. A window appears with the applicable fields. Complete the fields then click **SAVE**. Refer to Figure 41.

Figure 41: Create Record Example



3. The record appears in the table. Refer to Figure 42.

Figure 42: Saved Record Example

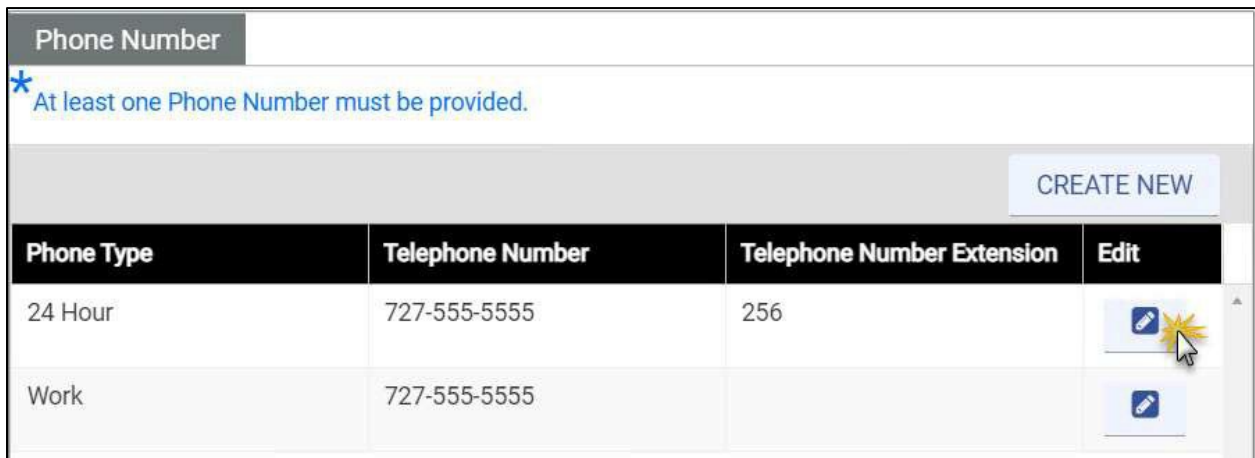


5.1.3 View/Edit/Delete Table Information

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 43.

Figure 43: Open Table Record Example



2. The record detail window appears. Refer to Figure 44.
 - a. To remove the record, click **DELETE**.
 - b. To edit the record, update the fields then click **SAVE**.

Figure 44: Edit Table Record Example

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

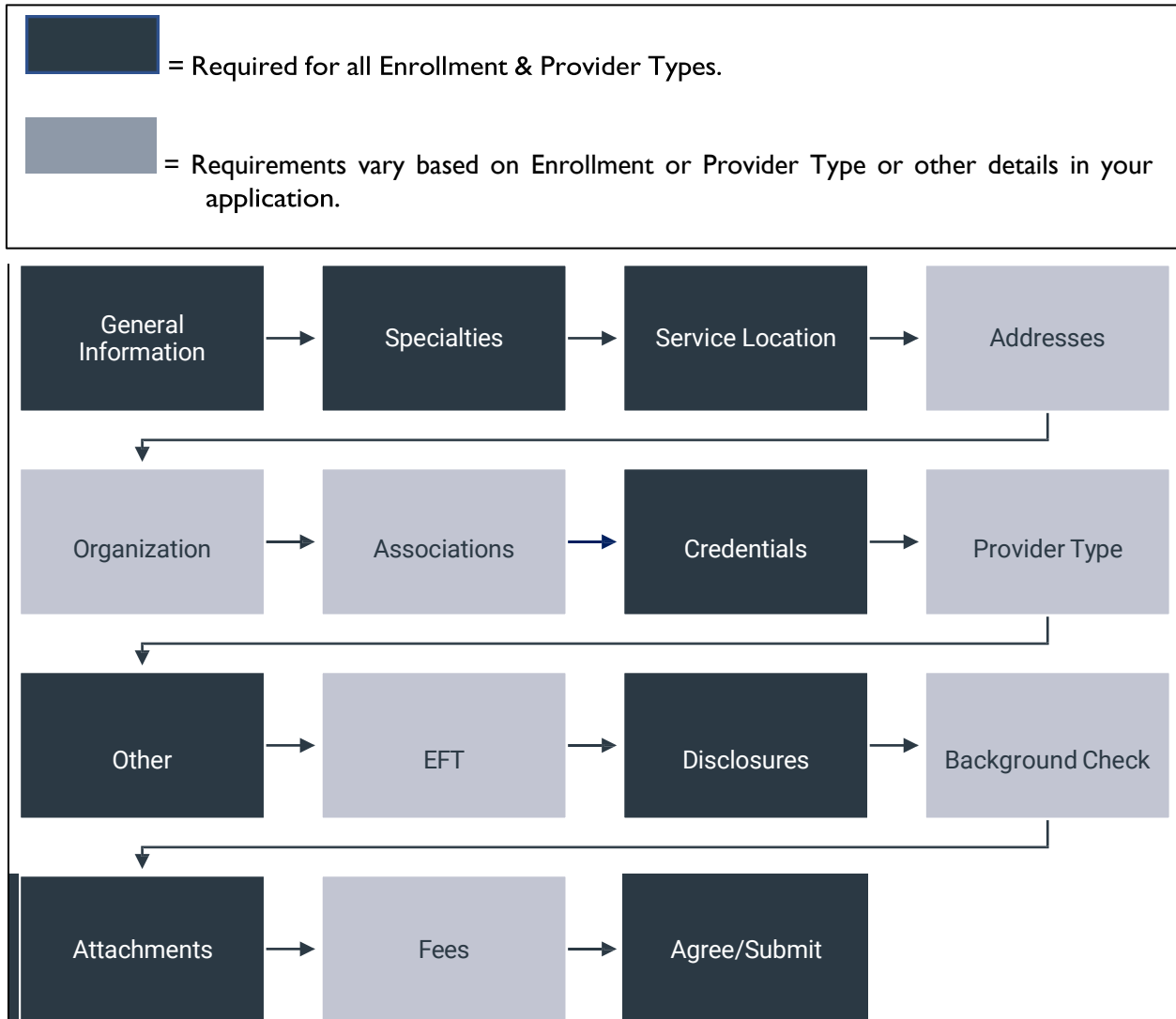
5.2 Enrollment Process Overview

The enrollment process in the PE Wizard has various modules that you must complete to submit your enrollment application. Refer to Figure 45 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 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 45: 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.

5.3 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.

5.3.1 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.



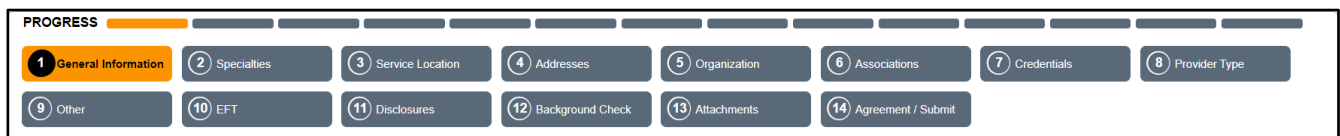
Note: Behavioral Health & Substance Abuse (BHSA) providers enroll as Groups in the Virginia Medicaid program.

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 46: Facility Progress Bar



5.3.2 Group

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

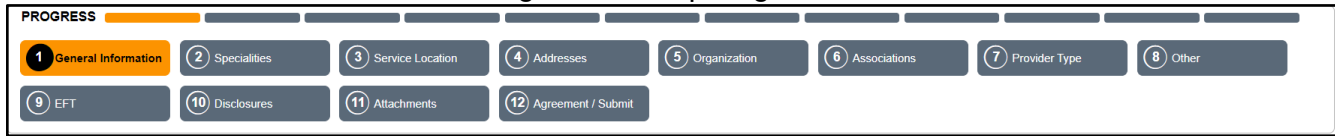
Provider Groups fall under Type 2 Organizational NPIs. This includes incorporated individual providers.



Note: In the Associations panel, select the Individual within a Group (IG) Providers who is already approved with the Virginia Medicaid program. These Providers may also be associated with one or more Groups. All updates to associations 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 47: 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.*

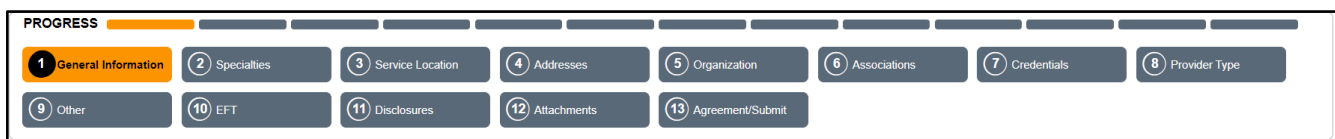
5.3.3 Individual

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 48: Individual Provider Progress Bar



5.3.4 Individual within a Group (IG)



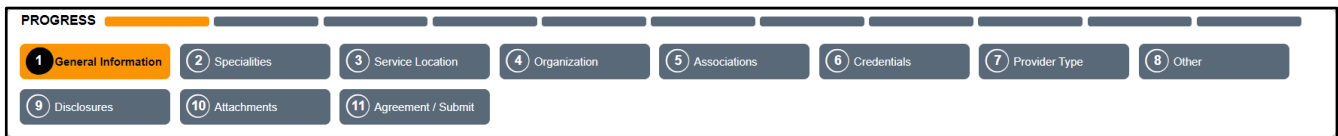
Note: If you are going to apply for the Virginia Medicaid program as BOTH an Individual and an IG, select Individual as your Enrollment Type in the General Information section of the application. This will allow you to submit a combined single application for both enrollments.

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 49: Individual within a Group Progress Bar



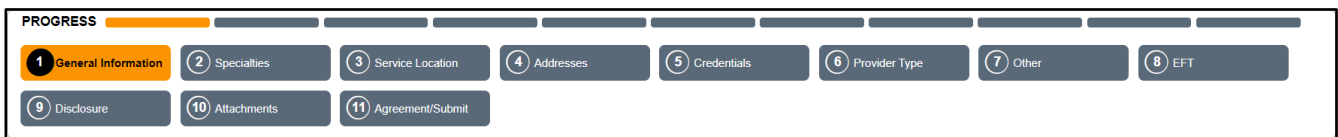
Note: In the Associations module, select the Group(s) that are already approved with the Virginia Medicaid program to which you will bill.

5.3.5 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 for an Atypical Enrollment:

Figure 50: Atypical Progress Bar



5.3.6 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.

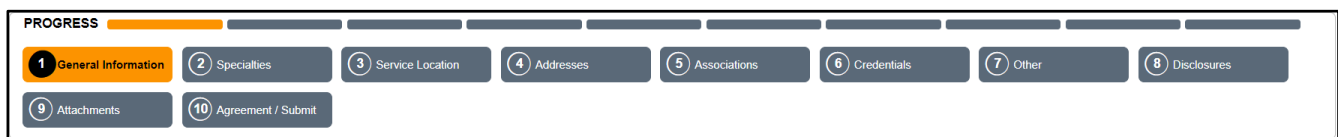
Billing providers are required to submit the NPI of the attending, ordering, prescribing, or referring provider on certain claims to receive reimbursement for the service. This includes all prescription claims as well as claims from the following providers:

- 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 5 I: 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.

6. General Information

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

6.1 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 52.



Note: 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 52: 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 **5.3 - Enrollment Types**.*

Note: Dental providers may select from the following Enrollment Type and Provider Type combinations.

- *042 Dental Medical (CDT) enroll with Individual or Individual within a Group applications.*
- *048 Dental Clinic Medical enroll only with Facility applications.*

6.2 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 53.

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

Figure 53: Provider Information

Provider Information

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.

* Legal Business Name Tax Name Doing Business As Name

* NPI

* EIN - * IRS Effective Date

Are you currently enrolled as a Provider and received a Revalidation Notification? Yes No

Are you reenrolling your terminated Service Location ID? 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 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:

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.*

- I. Complete all applicable ID fields. Refer to Table 4: 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 4: Provider Identifying Information

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

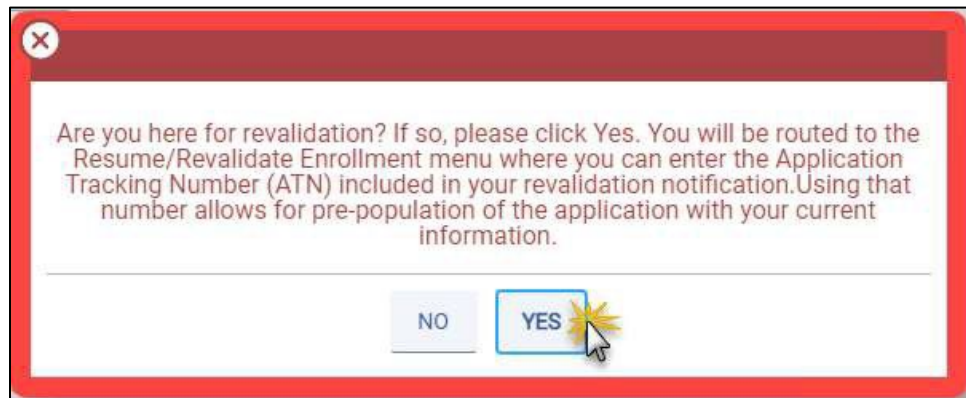
2. Verify that your entered information matches related records:

- **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?** only applies to revalidation.
 - If you are not revalidating, select **No** and continue as a new enrollment.
 - If you received your revalidation letters, select **Yes** then click **Yes** on the message window asking if you wish to revalidate your existing enrollment. You will be redirected to the Resume/Revalidate page. Refer to Figure 55 and Section 4.2 - **Start Revalidation** for completion instructions.
 - If you have NOT received your revalidation letters and are revalidating a currently enrolled location, select **Yes** then click **NO** on the message window asking if you wish to revalidate your existing enrollment. Next to the original question on the application, a **Current Identifier** field displays. Enter your existing **Service Location ID**. Note that this is an uncommon scenario and will require you to manually enter all information in the application.

Figure 54: Revalidation Warning



- **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 4.3 - **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.

4. 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 56.



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

Figure 55: MCO and/or FFS Selection

Note: Dental providers have these program options, depending on the Provider Type. Refer to Figure 57.

- 042 Dental Medical (CPT) and 048 Dental Clinic Medical display program options FFS and MCO (CPT), FFS Only (CPT), and MCO Only (CPT).

Figure 56: Example Dental Medical (CPT)

5. 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.

6.3 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 57.



*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 57: Contact Information

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

- Name:** Title (empty), Last Name (Test), First Name (Provider), Middle Name (empty), Suffix (empty).
- Address:** Address Line 1 (123 E MAIN ST), Address Line 2 (empty).
- Location:** City (RICHMOND), State (Virginia), Country (United States), ZIP Code/Postal Code (23219-2111).
- Phone:** Phone Type (Contact), Telephone Number (804-888-8888), Telephone Number Extension (empty), Fax Number (empty).
- Email:** Email Address (testemail@norealemail.com), Confirm Email (testemail@norealemail.com).
- Preferred Communication:** Email.

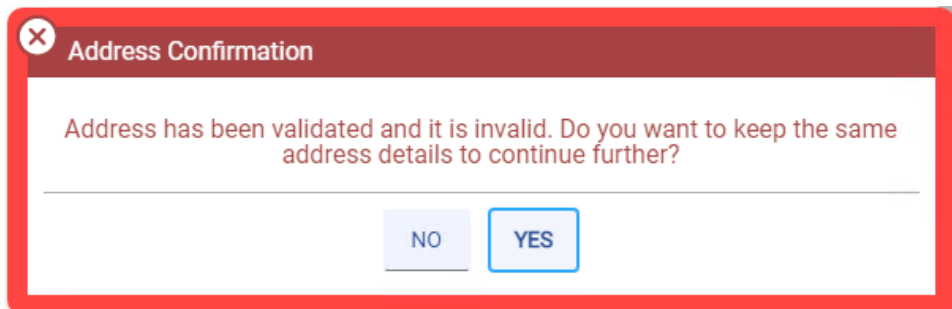
Buttons: Cancel (bottom left), Save and Continue (bottom right).

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 58.*



Figure 58: Address Confirmation



7. Specialties

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

7.1 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 59. The **New Specialty** window appears.

Figure 59: 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 60.

Figure 60: New Specialty Window

The screenshot shows the 'New Specialty' dialog box. It has a title bar with a close button. Inside, there's a 'Make Primary' checkbox which is checked. Below that are three required fields: 'Specialty' (dropdown menu with '141-Behavioral Health Clinic' selected), 'Taxonomy' (dropdown menu with '261QM0801X - Mental Health' selected), and 'Effective Date' (text field with '08/12/2024' and a calendar icon). At the bottom right of the dialog are 'Cancel' and 'Save' buttons. The background page is titled 'Specialties' and shows a 'Provider Type' of 'Behavioral Health Clinic'. There are 'Create New' and 'Edit' buttons on the right side of the background page.



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 61.

Figure 61: Added Specialty

The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.

Provider Type
Behavioral Health Clinic

Create New

Specialty	Taxonomy	Primary	Effective Date	Edit
141-Behavioral Health Clinic	261QM0801X-Mental Health Clinic/Center (Including Community Mental Health Center)	x	8/12/2024	

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

7.2 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 62.

Figure 62: Add Taxonomy

Additional Taxonomies

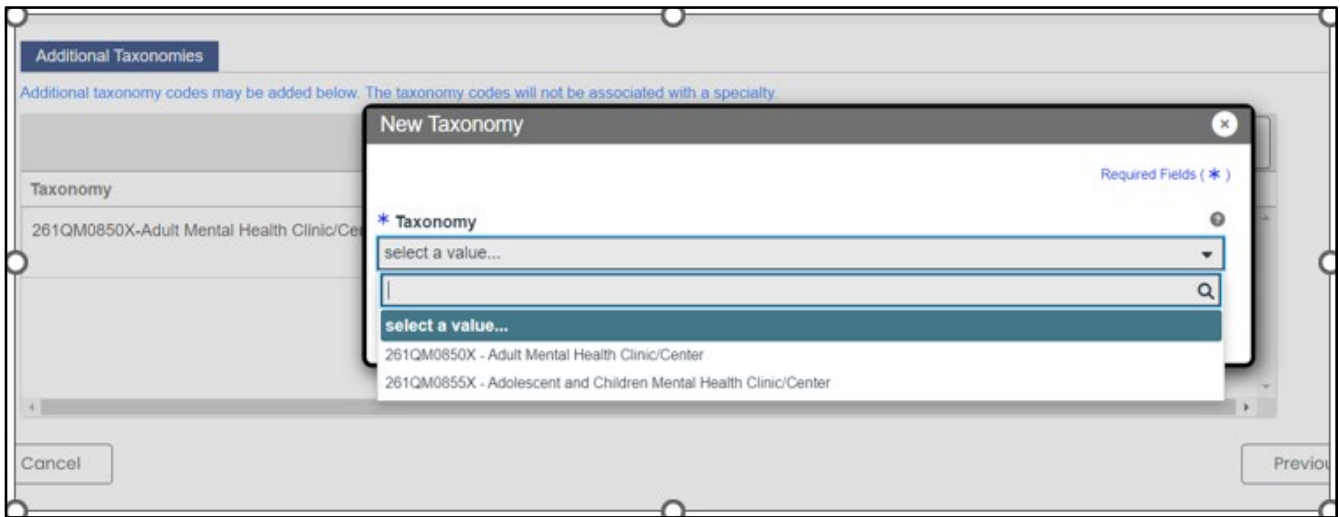
Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

Create New

Taxonomy	Edit
----------	------

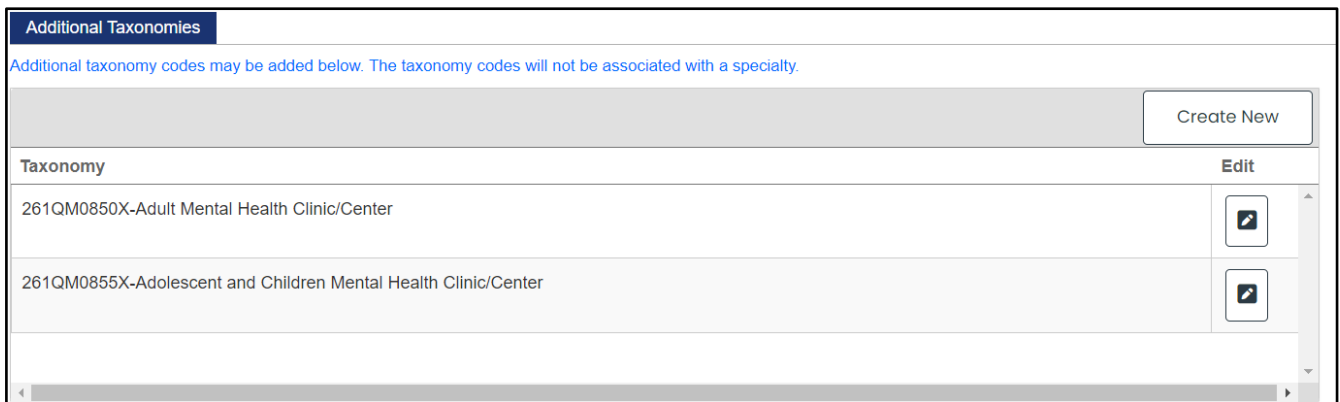
2. Select a **Taxonomy** from the drop-down list and click **SAVE**. Refer to Figure 63.

Figure 63: New Taxonomy



3. The new taxonomy appears in the table.
4. Click **SAVE AND CONTINUE**. Refer to Figure 64.

Figure 64: Added Taxonomy



8. 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, you will not enter a Service Address. The Service Address Information is on the 14-Service Location Id of the Group you have associated with. Answer the few questions specific to Patient Criteria for your services and click SAVE AND CONTINUE. Refer to Figure 65.

Figure 65: IG Service Location

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

Service Address Information

Accepting New Patients with Special Needs

Age Restrictions

*** Accepting New Patients**

select a value...
▼

*** Preferred Patient Gender**

select a value...
▼

Cancel

Previous

Save and Continue



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 and have two or more Service Locations who also is applying as an IG, you will need to submit a separate, new enrollment for your IG application.

Figure 66: 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 67.
 - a. If applicable, click the **Make Primary** check box. There must be one primary service location for Atypical, Facility, Group, and Individual applications.
 - b. **Location Name** must be a unique name. It is primarily used to identify the rendering location when submitting claims.
 - c. Contact information is for communication regarding this Service Location after Virginia Medicaid enrollment approval.

Figure 67: Add New Service Location

New Service Location

Please complete all the required fields under the Service Location address. This will allow you to copy the address to the other address types. Note that copied addresses cannot be edited.

* Location Name ?

Contact Information

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

* Address Line 1 ? Address Line 2 ? * City ?

* State ? * ZIP Code/ P... ? Location Code ? County ? * Country ?

Email ? Confirm Email ?

Phone Number

* At least one Phone Number must be provided.

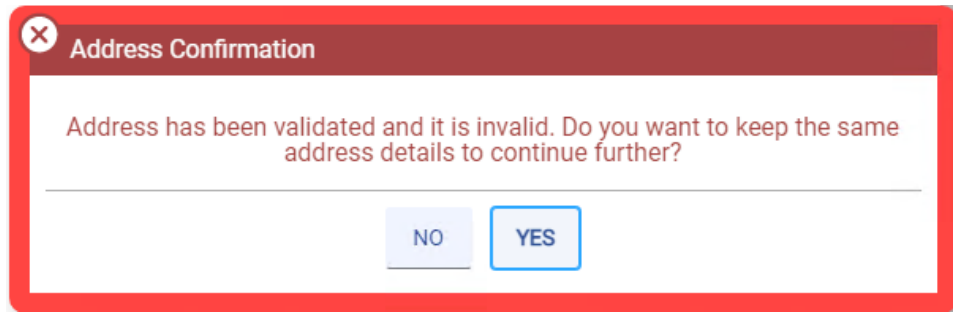
Create New

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 review during enrollment screening. Refer to Figure 68.*

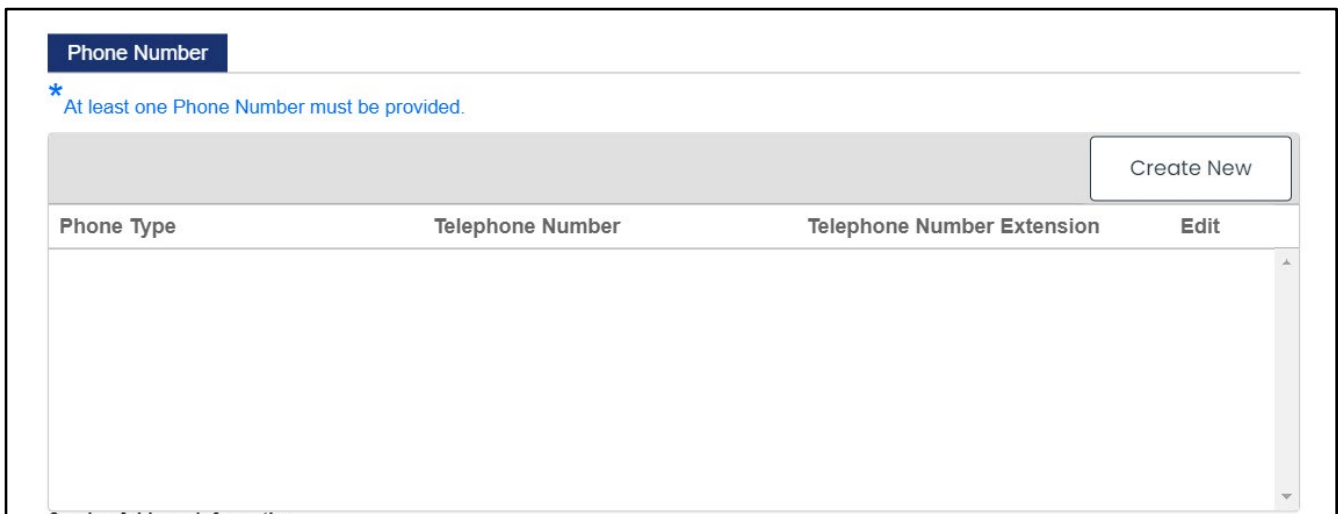


Figure 68: Address Confirmation



3. Click **Create New** in the **Phone Number** section to open the **New Phone Number** window.
4. Complete all fields and click **SAVE**. Refer to Figure 69. Repeat this step if more than one phone number is applicable to the Service Location.

Figure 69: New Phone Number



5. 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 70.

Figure 70: Hours of Operation

Service Address Information

Please enter your service location hours of operation

Hours of Operation ?

* Is the service location ADA compliant? ?

Yes No

* Is the service location accessible by public transpo... ?

Yes No

* What are your after-hour arrangements? ?

Phone Type ? Emergency Phone Nu... ? Telephone N... ?

6. Complete the fields then click **SAVE**. Refer to Figure 71. If applicable, click **CREATE NEW** again to add alternate hours.
 - a. 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.
 - b. **From Hour** includes a **24 Hour** option. If selected, the **To Hour** is no longer applicable.

Figure 71: New Hours of Operation

Please enter your service location hours of operation

Hours of Operation ?

Hours of Operation			
Day	From Hour	To Hour	Edit

Create New

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.
 - a. Special health care needs.
 - b. Mobility limitations such as those who use a wheelchair.
 - c. Special needs (such as those with autism, mental or intellectual disability) who may have difficulty communicating or cooperating.
 - d. 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 72.

Figure 72: Service Address Information

Service Address Information

Accepting New Patients with Special Needs ?

Age Restrictions ?

* **Accepting New Patients** ?
select a value... ▼

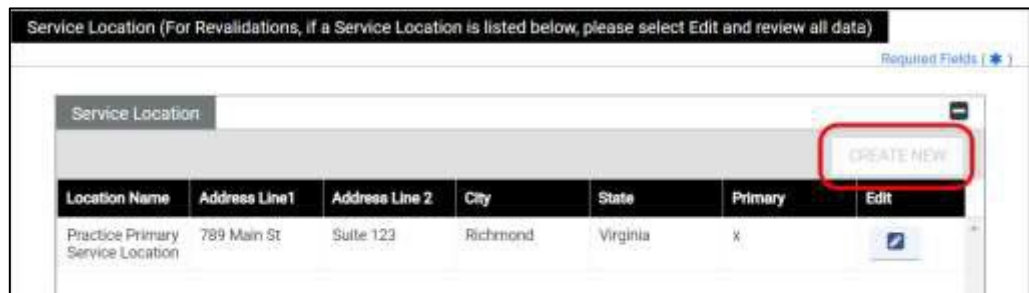
* **Preferred Patient Gender** ?
select a value... ▼

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 73.

Figure 73: Single-Service Location Restrictions



9. 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.

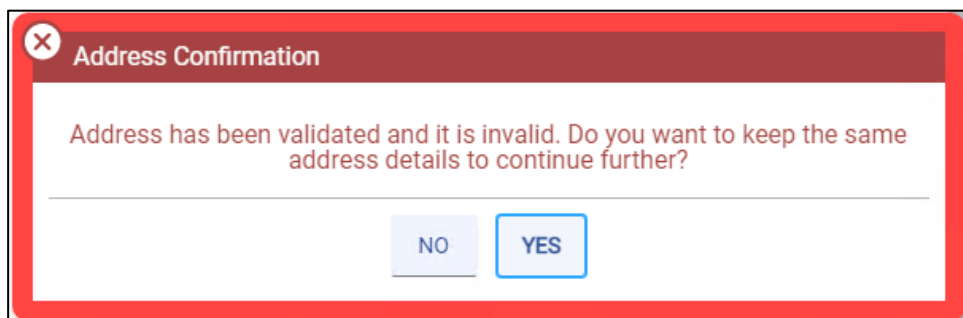
ORP enrollments request the Mail To address only, as no payments are made directly to ORP Providers.

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 review during enrollment screening. Refer to Figure 74.*



Figure 74: Address Confirmation



9.1 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 75.

Figure 75: 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 Location

* Location Name
Test

CONTACT INFORMATION

* Last Name [Redacted] * First Name Kelly * Middle Name * Suffix * Billing Agent Name

* Address Line 1 [Redacted] * Address Line 2 * City RICHMOND * State Virginia

* ZIP Code/ Postal Code 23219-2221 * Country United States

Same as Service Location

Email [Redacted] * Confirm Email [Redacted]

Phone Number

* At least one Phone Number must be provided.

Phone Type	Telephone Number	Telephone Number Extension	Edit
Work	804-888-8888		

9.2 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 76.

Figure 76: Mail-To Address Same As

Mail To

IMPORTANT:
The Mail To address should be the same for each Service Location ID enrolled with your NPI. Any variation could impact important notifications.

Service Location

Location Name
Test

CONTACT INFORMATION

Last Name First Name Middle Name Suffix
 Kelly

Address Line 1 Address Line 2 City State
 RICHMOND Virginia

ZIP Code/ Postal Code Country
 23219-2221 United States

Same as
Service Location

Preferred Communication
Email

Email Confirm Email

Phone Number

* At least one Phone Number must be provided.

2. If the **Mail To** address is different from 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.

4. If the **Mail To** email and phone numbers are different, complete the email and phone number fields. Refer to Figure 77.



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

9.3 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 78.

Figure 77: 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 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 label is a dropdown menu currently showing "select a value...". The dropdown menu is open, displaying three options: "select a value..." (highlighted in dark blue), "Service Location", "Pay To", and "Mail To".

2. If the **IRS Address** is different from 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.

4. If the **IRS Address** email and phone numbers are different, complete the email and phone number fields. Refer to Figure 78.

Figure 78: IRS Address

The screenshot shows a web form titled "IRS Address". At the top, there is a blue header with the text "IRS Address". Below the header, a blue note states: "A Location Name must be entered if any data is entered into any of the regularly mandatory fields." The form contains several input fields and dropdown menus:

- Same as:** A dropdown menu with the text "select a value..."
- Location Name:** A text input field.
- CONTACT INFORMATION:** A section header.
- Last Name, First Name, Middle Name, Suffix:** Four text input fields.
- Address Line 1, Address Line 2:** Two text input fields.
- City, State, Country, ZIP Code/ Postal Code:** Four input fields, with "State" and "Country" being dropdown menus.
- Same as:** A second dropdown menu with the text "select a value..."
- Email, Confirm Email:** Two text input fields.
- Phone Number:** A section header.
- Phone Type, Telephone Number, Telephone Number Extension:** Three text input fields.
- Create New, Edit:** Two buttons located at the bottom right of the form.

9.4 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 79.

Figure 79: Remit-To Address Same As

2. If the **Remit To** address is different from 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**.

10. 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 a management company operates the organization, select the **Operated by Management Company** check box.
7. If a domestic corporation owns the organization, select the **Domestic Owned Corporation** check box.
8. If a foreign corporation owns the organization, select the **Foreign Owned Corporation** check box.

9. Once all details are entered, click **SAVE AND CONTINUE**. Refer to Figure 80.

Figure 80: 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 ?
LLC

* Tax Classification ?
Corporation

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/>

Registered with Secretary Of State ? ?

Incorporated ? ?

Chain Affiliated ?

Operated by Management Company ?

Domestic Owned Corporation ?

Foreign Owned Corporation ?

II. 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.

11.1 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 81.

Figure 81: Create New Group Association

The screenshot shows a web form titled "New Group Association". At the top left, there is a checkbox labeled "Authorized Administrator". Below this, there are two search fields: "* Provider Location ID" and "NPI", with a "Search" button to the right. The form is divided into two rows of input fields. The first row contains "Business Name", "Location Name", and "Address Line 1". The second row contains "City", "State", and "ZIP Code". At the bottom left is a "Clear" button, and at the bottom right are "Cancel" and "Save" buttons. A "Required Fields (*)" link is visible in the top right corner.



Note: ORP Providers have the Authorized Administrator (AA) column.

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



Note: An AA is a Group or Facility that is authorized to manage the IG or OPRs associated with their organization. The AA may assign delegates to manage Service Locations assigned to the AA but does NOT directly assign delegates to the IG or OPRs 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 5.1.3 - **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 82.
 - 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 82: Search New Group or Facility Association



*Note: Even if you enter a Provider Location ID or NPI, you must click **SEARCH** to validate the Group or Facility. 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 83.

Figure 83: Search Criteria New Group Association

The screenshot shows a window titled "New Group Association" with a close button in the top right corner. In the top right of the window, there is a link for "Required Fields (*)". Below this, there is a checkbox labeled "Authorized Administrator" which is checked. The main form area contains several input fields:

- A field for "Provider Location ID" with a search icon and a "Search" button to its right.
- A field for "NPI" with a search icon.
- Three input fields for "Business Name", "Location Name", and "Address Line 1" arranged horizontally.
- Three input fields for "City", "State", and "ZIP Code" arranged horizontally below the previous row.

 At the bottom of the form, there are three buttons: "Clear", "Cancel", and "Save".

7. Review the search results to verify the provider you want to associate with and click the row. Refer to Figure 84.
 - 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 84: Search Results New Group Association

The screenshot shows a window titled "New Group Association" with a search interface. The "Search Criteria" section includes a "Search By" dropdown set to "NPI" and a text input field containing a redacted NPI number. There are "Cancel", "Clear", and "Search" buttons. Below this is the "Search Results" section, which displays a table with the following data:

NPI	Provider Location ID	Business Name	Address Line 1	City	State	ZIP Code
[Redacted]	0002	[Redacted]	[Redacted]	RICHMOND	Virginia	232351900
[Redacted]	0003	[Redacted]	[Redacted]	RICHMOND	Virginia	232350000

At the bottom of the results table, there is a pagination control showing "10 Items per page" and "1-10 of 27 Items". A "Cancel" button is located at the bottom right of the window.



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 85.

Figure 85: New Group Association Complete

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

Figure 86: Group Association Complete

Provider Location ID	Business Name	Location Name	Address Line 1	City	State	ZIP Code/Postal Code	Authorized Administrator	Effective Date	End Date	Edit
[Redacted]	[Redacted]	[Redacted]	[Redacted]	RICHMOND	Virginia	232351900	x	1/01/2024	12/31/9999	[Edit]



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

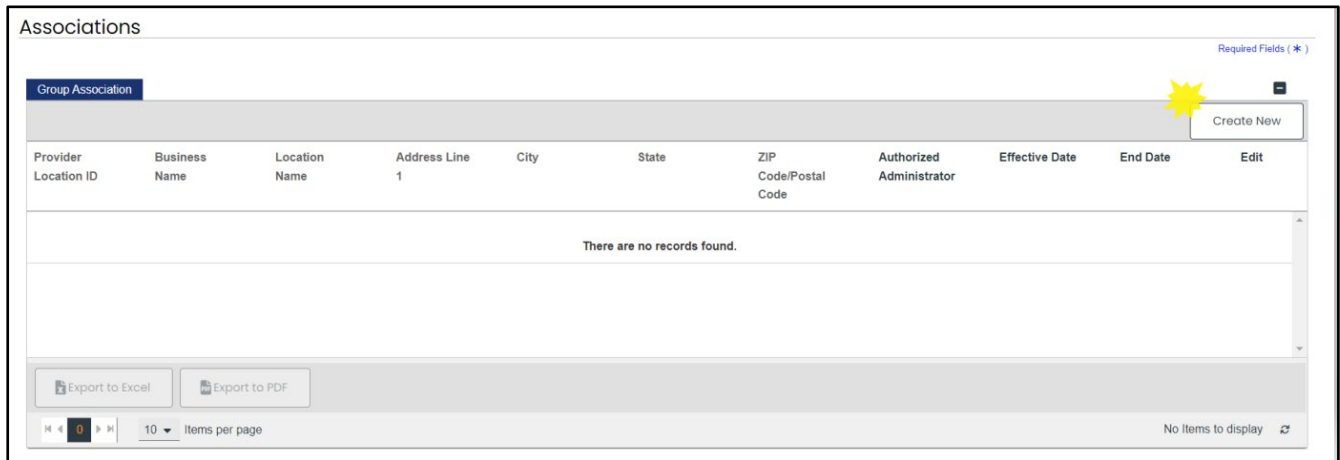
11.2 IG Associations

Groups search for and associate with one or more IG and Facilities search for and associate with one or more OPRs.

To create a new, IG or OPR Association, complete the following steps:

1. Click **CREATE NEW**. Refer to Figure 87.

Figure 87: Create New Individual Association



2. The **New IG or OPR Association** window appears. To populate the provider’s name, complete one of the following. Refer to Figure 89.
 - 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 88: Search New IG or OPR Association

New Group Association

Required Fields (*)

Search Criteria

Search By: NPI

NPI: [Redacted]

Cancel Clear Search

Search Results

NPI	Provider Location ID	Business Name	Address Line 1	City	State	ZIP Code
[Redacted]	0002	[Redacted]	[Redacted]	RICHMOND	Virginia	232351900
[Redacted]	0003	[Redacted]	[Redacted]	RICHMOND	Virginia	232350000

1-10 of 27 Items

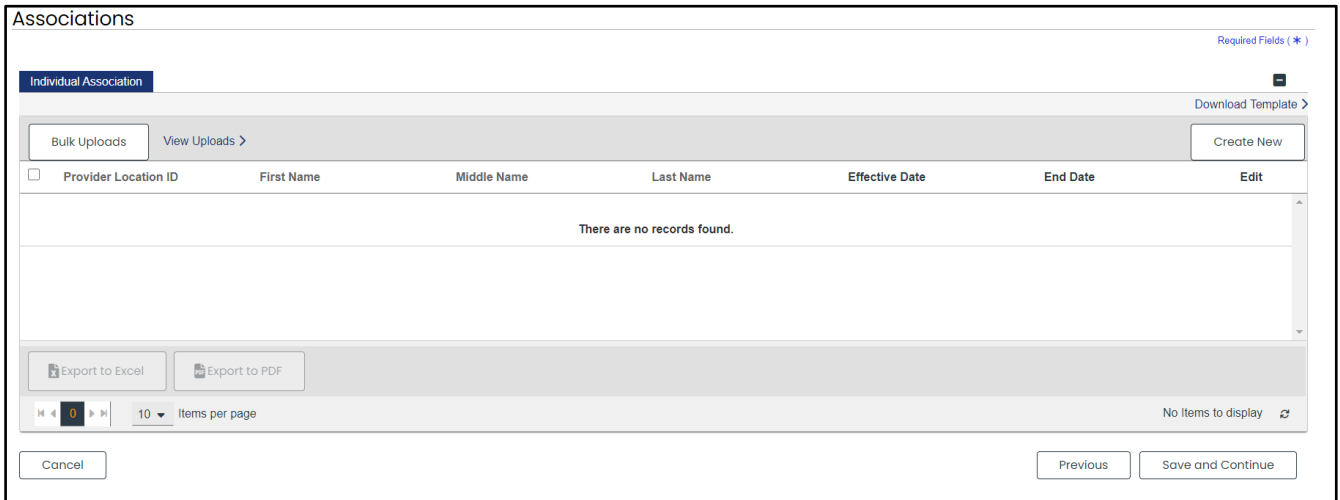
Cancel



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. Review the search results to verify the provider you want to associate with and click the row. Refer to Figure 89.

Figure 89: Search Results New Individual Association



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

5. Click **SAVE**. Refer to Figure 90.

Figure 90: New Individual Association Complete

The screenshot shows a web form titled "New Individual Association". At the top right, there is a "Required Fields (*)" link. The form contains several input fields: "Provider Location ID" and "NPI" (both with asterisks and help icons), a "Search" button, "Title" (with "MD" entered), "Last Name", "First Name", "Middle Name", and "Suffix". Below these are "Effective Date" (with "08/15/2024" entered and a calendar icon) and "End Date" (with "12/31/9999" entered and a calendar icon). The "Effective Date" field is highlighted with a red border. At the bottom, there are "Reset", "Cancel", and "Save" buttons.

6. Repeat these steps to add another Individual Association or click **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.

11.3 Bulk Affiliations

Bulk Affiliations allow users to create Affiliations for any Group/Facility provider in bulk. Bulk Affiliations can be added for any Group/Facility provider by clicking BULK AFFILIATION UPDATE at top of Affiliation grid.

This can be done only at time of new/re-enrollment or revalidation.

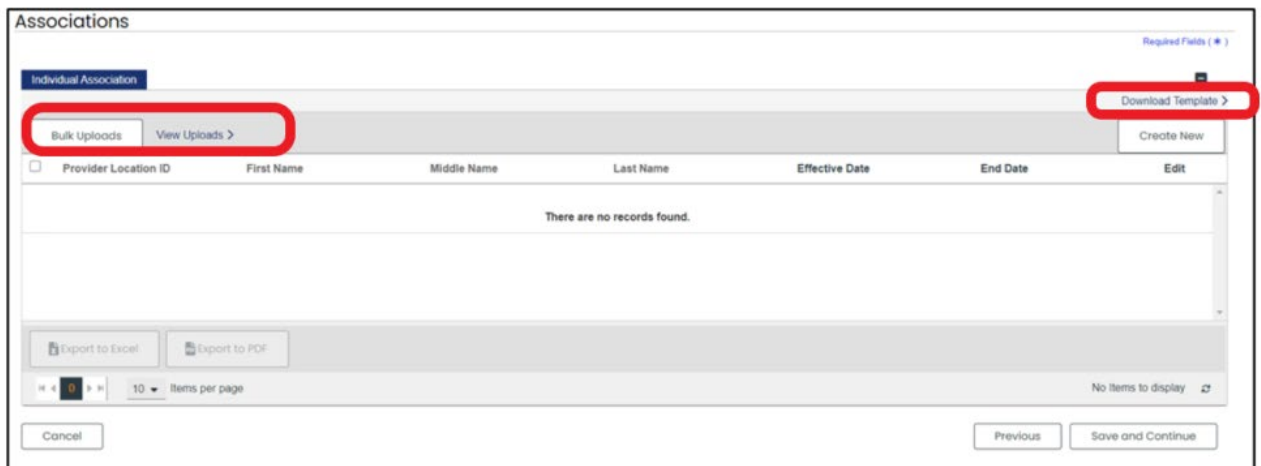
There are two categories through which users can perform bulk affiliations:

1. Full Roster Update - This process entirely replaces newly loaded records with existing Affiliated records.
2. Partial Roster Update - This process allows the user to Add and End Date up to ten affiliations at a time.

- Bulk Affiliations can be updated by full or partial rosters.
- Full Roster updates allow the user to edit the effective date for all associated/affiliated providers within the roster. The end date for all records will be default to system high date i.e., 12/31/9999. Select an local file to associate with the provider roster.
- Export functionality is available through the Affiliations panel and can be used to create affiliations for Group/Facility providers in bulk. Users can select a format and click EXPORT to create a report of items displayed in the grid for the current bulk updates request.

Process to upload the template at time of enrollment:

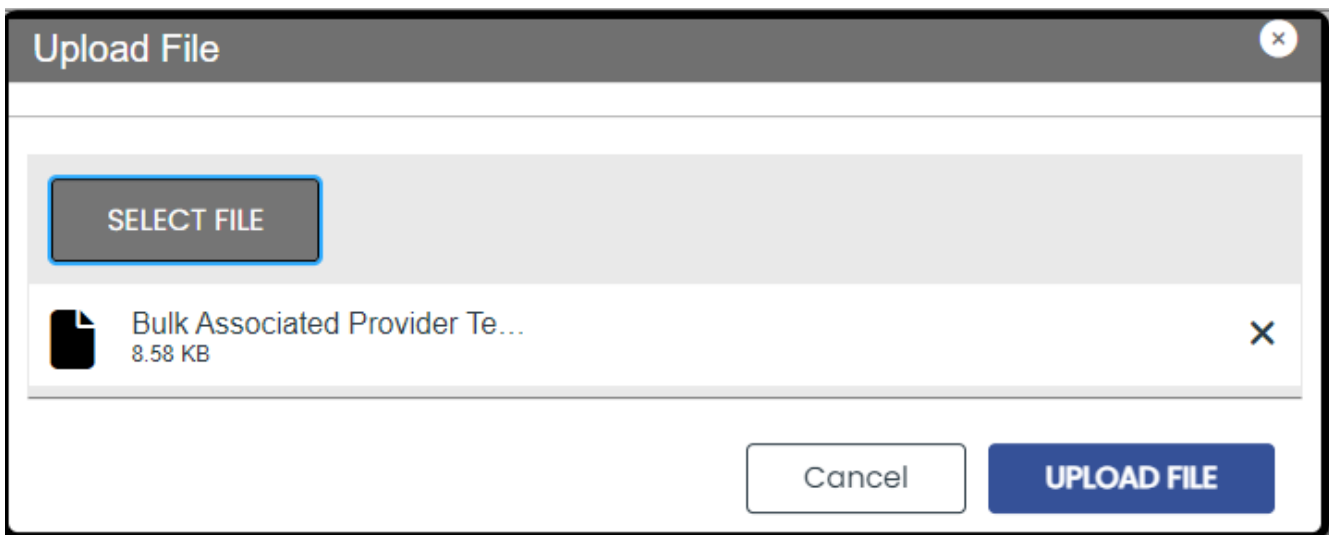
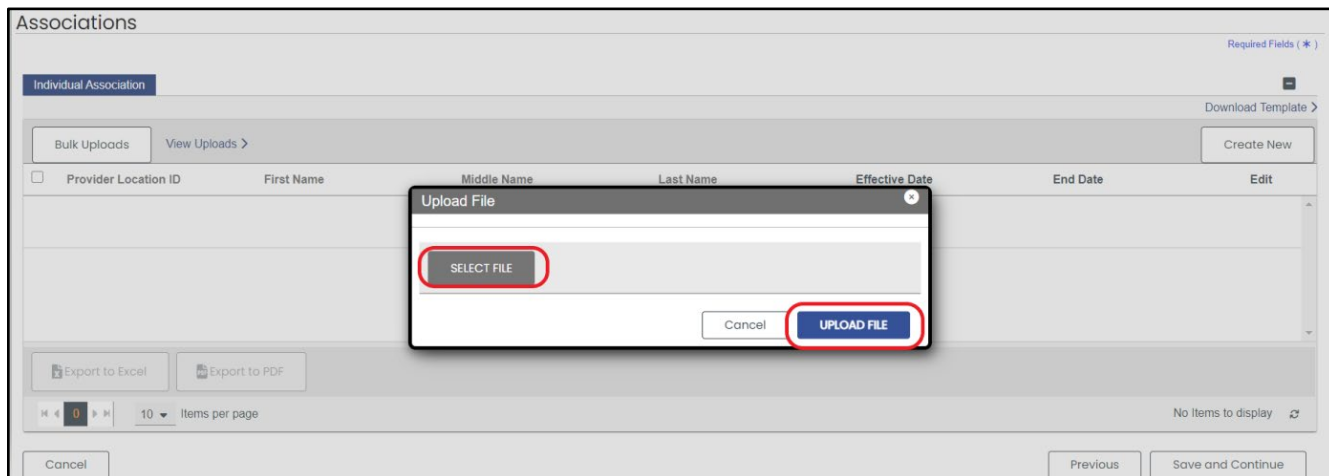
1. Download the template.
 - a. You must have the 14-digit Service Location Id of the IG or OPR you are associating to your Group SL ID.
 - b. Effective Dates must be the same.
 - c. End Date should be defaulted to 12/31/9999. The system will also default to this end date.
 - d. Save the template for upload.
2. Download the Template.



3. Sample Template:

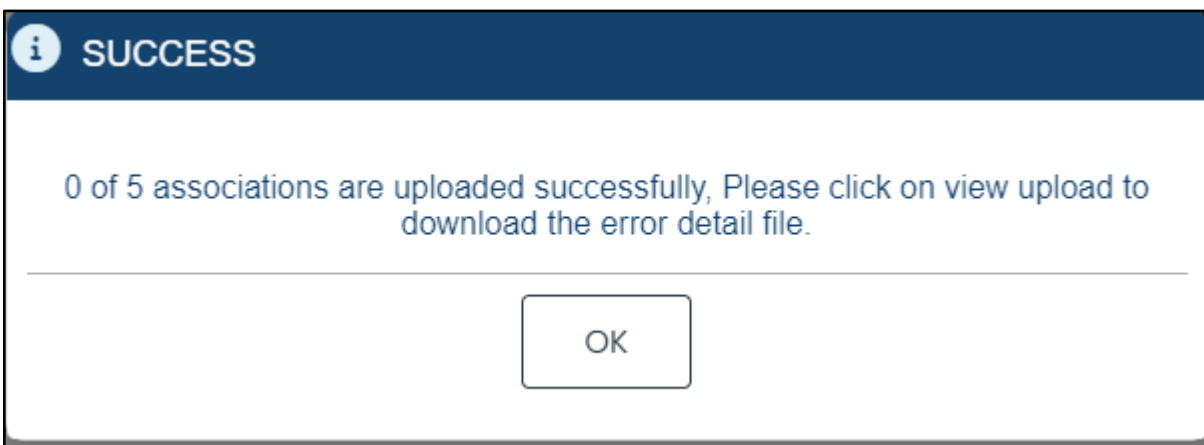
Provider Location ID	Effective Date	End Date
3000000000000001	01/01/2024	12/31/9999
3000000000000002	01/01/2024	12/31/9999
3000000000000003	01/01/2024	12/31/9999
3000000000000004	01/01/2024	12/31/9999
3000000000000005	01/01/2024	12/31/9999

4. Choose Type of Roster Update.
5. Select File and Upload.

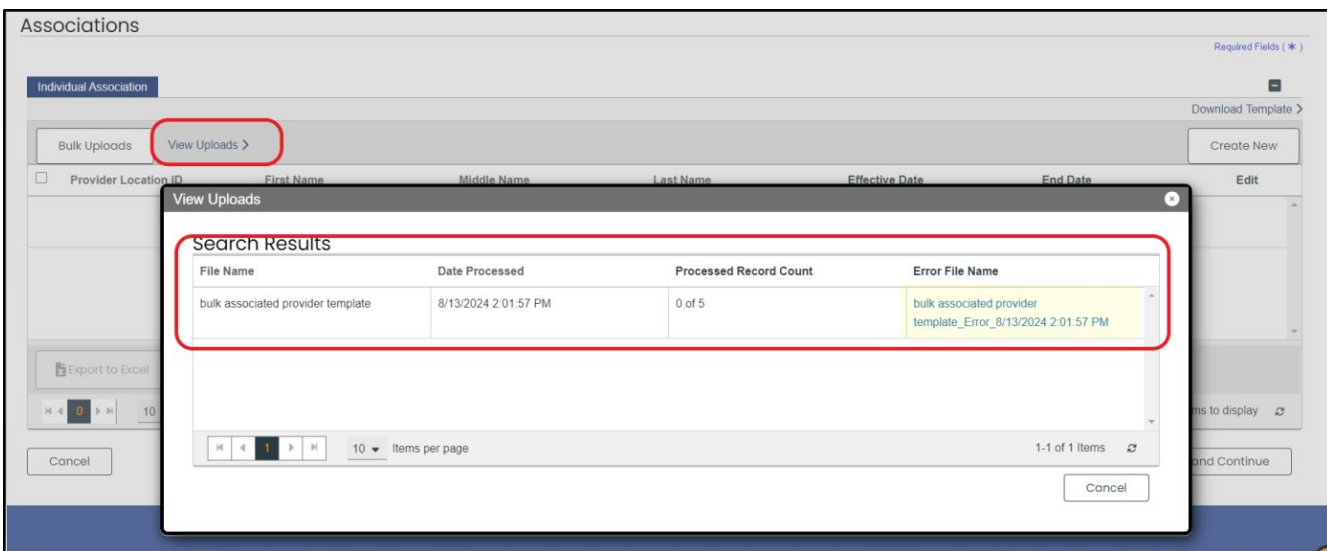


6. File Upload Response.

- a. Success – File was uploaded.
- b. Validate the records that were complete.
 - i. In the example evaluate bulk affiliation upload. 0 of 5 on the template were uploaded.
 - ii. The 14-digit SL IDs were not active or invalid.
 - 1. Only active and valid 14-digit SL ID can be associated with a Group.
 - iii. If all 5 records on the template for valid this, it would the message would be 5 of 5 associations were uploaded successfully.



- c. Download and Review error detail file.
 - i. Click View Uploads
 - ii. Download Error File
 - iii. Review the errors for correction.
 - iv. Repeat the steps to upload the file.



Provider Location ID	Effective Date	End Date	Error Messages
3000000000000001	1/1/2024	12/31/9999	This Provider Location Id is invalid.
3000000000000002	1/1/2024	12/31/9999	This Provider Location Id is invalid.
3000000000000003	1/1/2024	12/31/9999	This Provider Location Id is invalid.
3000000000000004	1/1/2024	12/31/9999	This Provider Location Id is invalid.
3000000000000005	1/1/2024	12/31/9999	This Provider Location Id is invalid.

12. 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 91.

Figure 91: Sample Credentials

The screenshot displays the 'Credentials' module interface. It features two main sections: 'Degree' and 'License'. The 'Degree' section includes a table with columns for 'Degree', 'School', and 'Year Of Graduation', along with 'Create New' and 'Edit' buttons. The 'License' section includes a table with columns for 'License or Certification Number', 'Issuing State', 'License or Certification Entity', 'Effective Date', and 'End Date', also with 'Create New' and 'Edit' buttons. A note below the 'License' section states 'At least one record is required'. A 'Required Fields (*)' link is visible in the top right corner.



Note: Review your pre-checklist to ensure that you have your credential information. Refer to Section 4.1 - Start New Enrollment.

- I. Navigate to a credential section and click **CREATE NEW**. 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 92 to Figure 95.
 - Refer to Section 3.2 - 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 92: New License

The screenshot shows a 'New License' modal window overlaid on a 'License' table. The modal window has the following fields:

- License or Certification Number:** 01012010000
- Issuing State:** Virginia
- License or Certification Entity:** DHP - Virginia Department of Health Professionals
- Effective Date:** 01/01/2024
- End Date:** 09/30/2025

Buttons for 'Cancel' and 'Save' are located at the bottom right of the modal. The background table has the following columns: License or Certification Number, Issuing State, License or Certification Entity, Effective Date, End Date, and Edit.



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 93: New DEA

New DEA

Required Fields (*)

* DEA Number ? * Effective Date ? * End Date ?

CANCEL SAVE

Figure 94: 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 95: Participation in Another State 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 96.

Figure 96: Medicaid Program - Create New

The screenshot shows the 'Medicaid Program' wizard interface. At the top, there is a question: '* Are you enrolled in other state Medicaid programs? If so, please indicate which states.' Below this question are two radio buttons: 'Yes' (selected) and 'No'. To the right of the question is a 'Create New' button. Below the question is a table with the following columns: 'Program', 'State', 'Effective Date', and 'End Date'. The 'Program' column has a text input field with a cursor. The 'State' column has a dropdown menu with the text 'select a value...'. The 'Effective Date' and 'End Date' columns have date pickers. A 'New Medicaid Program' modal dialog is open in the center of the screen, containing the same four fields as the table. The modal has a 'Required Fields (*)' label in the top right corner and 'Cancel' and 'Save' buttons at the bottom. At the bottom of the main wizard, there are 'Cancel', 'Previous', and 'Save and Continue' buttons.

13. Provider Type

The Provider Type panel 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 97.

Figure 97: Sample Provider Type

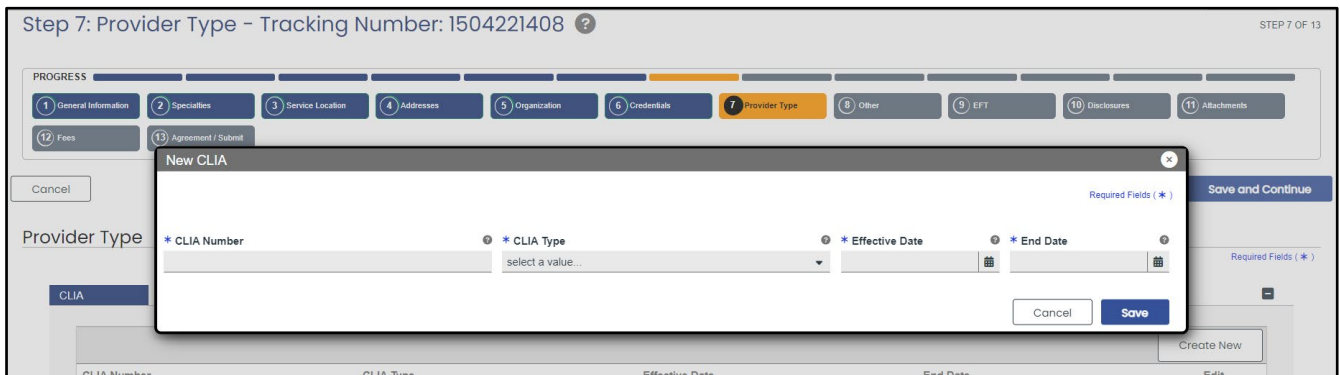


Note: Review your pre-checklist to ensure that you have your additional information needed for your Provider Type and Specialty. Refer to Section 4.1 - Start New Enrollment.

1. Navigate to a detail section and click **CREATE NEW**. 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 98 and Figure 99.
 - Refer to Section 3.2 - **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 98: New CLIA



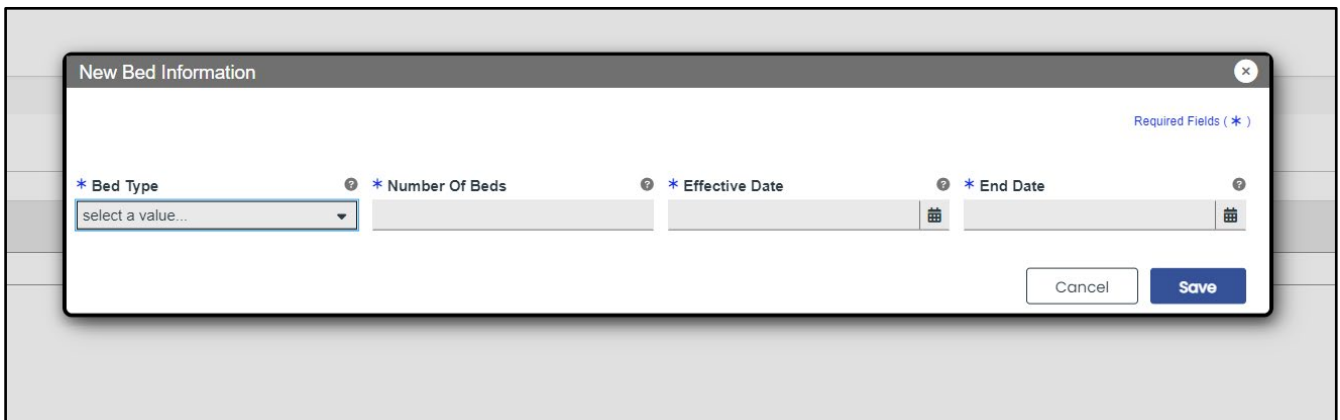
Note: Add all current CLIA numbers assigned to your NPI.

*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 99: 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.

14. Other

The Other module requests additional information based on your Enrollment Type, Provider Type, and Specialty. The sections included may vary from Figure 100.

Figure 100: Sample Other

The screenshot displays a web form titled "Other" with four main sections, each with a collapse icon in the top right corner:

- Additional Information:** Includes a text input field for "Provider Website URL" with a placeholder instruction: "Please enter the provider website address below. It must begin with 'http' or 'https:' followed by a valid address."
- Electronic Claims Submission Participation:** Contains a question: "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." with radio buttons for "Yes" and "No". Below this is a note: "If you answered 'No', you must apply for an exemption and show good cause. To apply for an exemption, attach a signed and dated letter. It must be on your company letterhead with a description of the good cause. Good cause may include but is not limited to: No mechanism to electronically submit claims or a financial hardship. It can be uploaded on the Attachments page of this application."
- Claims Signature Waiver:** Contains a question: "I certify that I have authorized submission of claims to Virginia Medicaid, which contain my typed, computer generated, or stamped signature." with radio buttons for "Yes" and "No".
- Paper Remittance Advice:** Contains a question: "Do you wish to receive printed Remittance Advice?" with radio buttons for "Yes" and "No" (which is selected).

At the bottom of the form 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 4.1 - Start New Enrollment.

1. Navigate to a detail section and click **CREATE NEW**. 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 Section **3.2 - 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 another 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).
 - **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.
 - **Claims Signature Waiver**
 - **Electronic Remittance Advice**
 - If you select No, to receive Paper Remittance Advice, you will be required to submit a Hardship Waiver Exception Request.
 - If NPI already received Electronic RAs, this option will not display.
5. Once all additional sections that appear in your application are complete, click **SAVE AND CONTINUE**.

15. 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 panel 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.

15.1 EFT Enrollment

1. Select **Yes** or **No** to indicate your EFT participation. Refer to Figure 101.

Figure 101: EFT Enrollment

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



IMPORTANT - MCO ONLY PROVIDERS MUST SELECT NO and PROCEED. The collection of EFT information is not submitted to one or

15.2 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.

- I. Review the data.
 - 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.

15.3 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.

- I. 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 102.
 - 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 102: EFT Provider Identifier Info

15.4 Provider Contact Information

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

Figure 103: Provider Contact Information

15.5 Provider Agent Information

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

Note – This section is not required.

15.6 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.

Note – This section is not required.

15.7 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.

Note – This section is not required.

15.8 Financial Institution Information

Complete the **Financial Institution Information** section. Refer to Figure 104.



Note: If NPI or Atypical Provider Entity has an active EFT this information will not display.

Figure 104: Financial Institute 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.

15.9 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 105.

Figure 105: Submission

The screenshot shows a web form titled "Submission" with a blue header bar. The form contains several fields and buttons:

- Reason For Submission:** A dropdown menu with "New Enrollment" selected.
- Include with Enrollment Submission:** A dropdown menu with "select a value..." displayed.
- Authorized Signature Type:** A dropdown menu with "Electronic Signature of Person Submitting Enrollment" selected.
- * Electronic Signature of Person Submitting Enrollment:** A text input field.
- Submission Date:** A date input field with "8/13/2024" entered.
- Requested EFT Start/Change/...:** A date input field with a calendar icon.
- Buttons:** "Cancel", "Previous", and "Save and Continue" are located at the bottom of the form.

16. 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 106.



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 **5.1.3 - View/Edit/Delete Table Information**.*

Figure 106: 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	CREATE NEW
Sub-Contractor Disclosure	Completed	CREATE NEW
Ownership and Control Interest	Completed	CREATE NEW
Managing Employees	Completed	CREATE NEW
Business Transaction	Completed	CREATE NEW

CANCEL

PREVIOUS

SAVE AND CONTINUE

Table 5 provides a description of the Virginia Medicaid Disclosure Forms.

Table 5: 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.

17. 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.

- I. 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 107.
 - o 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.
 - o If the person does have prints on file, select the box so that the **Status** displays as **Incomplete**.

Figure 107: Background Check

Step 10: Background Check - Tracking Number: 5790009530 ? Print Preview

STEP 10 OF 13

PROGRESS

1 General Information 2 Specialties 3 Service Location 4 Addresses 5 Organization 6 Credentials 7 Other 8 EFT 9 Disclosures 10 Background Check

11 Attachments 12 Fees 13 Agreement / Submit

Cancel Previous Save and Continue

Background Check

Background Check Details

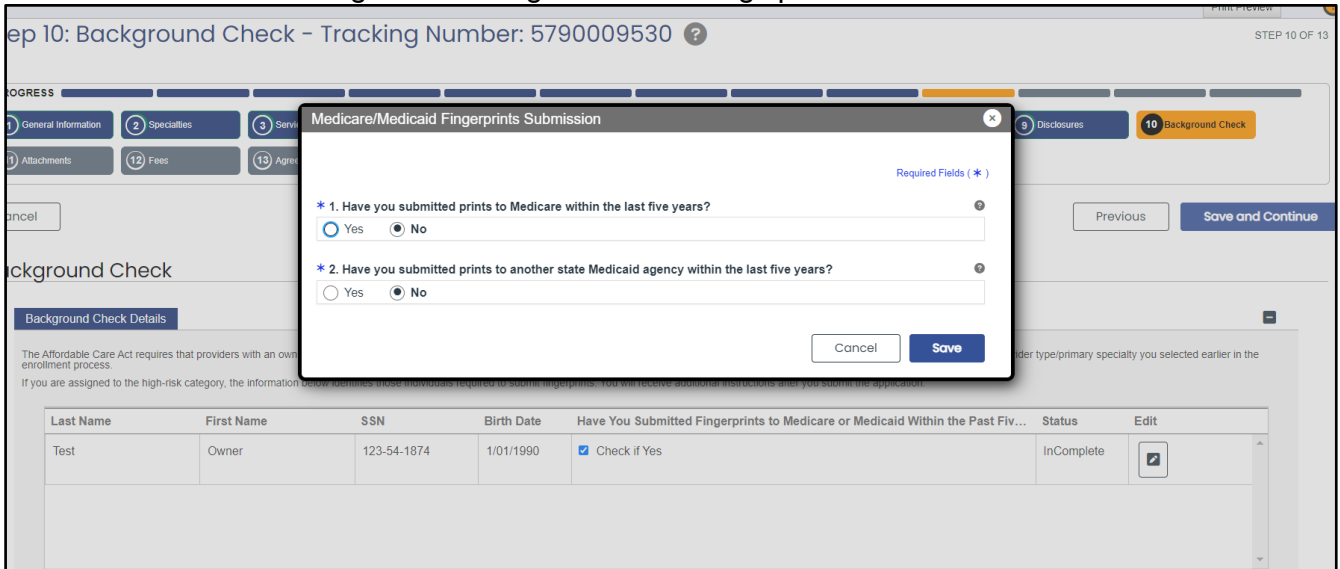
The Affordable Care Act requires that providers with an ownership of 5% or more and are considered a high category of risk, submit fingerprint and background checks. This page is being displayed based on the provider type/primary specialty you selected earlier in the enrollment process.
If you are assigned to the high-risk category, the information below identifies those individuals required to submit fingerprints. You will receive additional instructions after you submit the application.

Last Name	First Name	SSN	Birth Date	Have You Submitted Fingerprints to Medicare or Medicaid Within the Past Fi...	Status	Edit
Test	Owner	123-54-1874	1/01/1990	<input type="checkbox"/> Check if Yes	Completed	

2. If the check box is selected, click the Edit icon to open a window and complete additional required information. Refer to Figure 108.
 - a. **Yes**, must be selected for fingerprint submission to Medicare, Medicaid, or both.
 - b. When **Yes** is selected, complete the submission questions.

- c. Click **SAVE** after answering questions to close the additional questions window.
- d. The Status changes to **Completed** on the **Background Check Details** table.

Figure 108: Background Check Fingerprint Submission



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

18. 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 4.1 - **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 109.

Figure 109: PTSP Attachments

Provider Type

Specialty

Durable Medical Equipment

Durable Medical Equipment

Additional Information

Your provider type and specialty may require additional information

Specialty 262 - Durable Medical Equipment Services

For DME providers located in VA they will need one of the following required licenses or documentation to enroll:

- VA Board of Pharmacy License
- VA Board of Pharmacy Medical Equipment Supply Permit
- Business License or documentation stating that a license is not required in their area or for services they are rendering

Out of State Durable Medical Equipment Suppliers must obtain a Virginia Board of Pharmacy non-resident medical equipment supplier permit and proof of CMS or other SMA and are required to be previously screened by CMS or by the Medicaid program that is located in the same state as your servicing address. If you have not been previously screened by one of those entities, you are not eligible to enroll in Virginia Medicaid and your application will be rejected upon receipt.

Required Attachments

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.



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 (refer to Figure 110) 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 110: Required Attachments

Required Attachments

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License or Certification	NO
EFT Submission Waiver	NO

Attachment Details

[Create New](#)

Transmission Method	Attachment Type	File Name	Edit
There are no records found.			

Buttons: [Cancel](#) [Previous](#) [Save and Continue](#)

1. Click **CREATE NEW**. Refer to Figure 111.

Figure 111: Create New Attachment

The screenshot shows a 'New Attachment' dialog box with the following elements:

- Title Bar:** 'New Attachment' with a close button (X).
- Required Fields:** A label 'Required Fields (*)' in the top right corner.
- * Transmission Method:** A drop-down menu with 'Electronic Only' selected.
- * Attachment Type:** A drop-down menu with 'Federal W-9 Form' selected.
- Upload File:** A section with a 'Select Files...' button.
- Buttons:** 'Cancel' and 'Save' buttons at the bottom right.

2. Select from the drop-down lists.

3. Click **SELECT FILE**.

*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 112.*

Figure 112: 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 113.

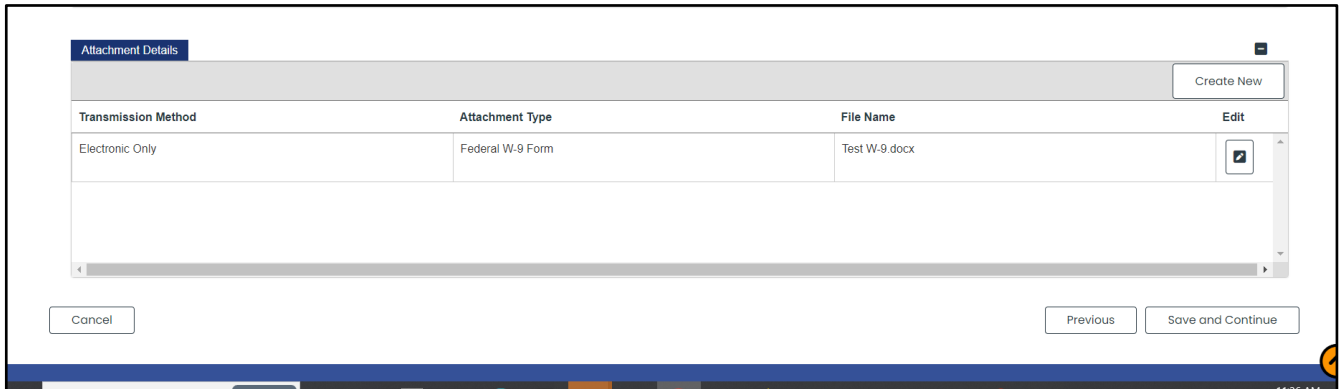
Figure 113: Save Attachment




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

5. The attachment displays in the list. Refer to Figure 114.

Figure 114: Added Attachment



Attachment Details				Create New
Transmission Method	Attachment Type	File Name	Edit	
Electronic Only	Federal W-9 Form	Test W-9.docx		

Buttons: Cancel, Previous, Save and Continue

6. If the attachment is required for your enrollment application, the corresponding **Required Attachments** record changes to **Yes** for **Requirement Met**.
7. Repeat these steps for all optional and required attachments. Refer to Figure 115.

Figure 115: Required Attachment



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

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

19. 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 116.

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 I 16: Application Fee

No Fee Required

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

You may request a hardship waiver. Requests for hardship waiver should be sent with your enrollment form and should explain the hardship and justify the waiver. Include in your hardship request the following: Submit a letter explaining the financial hardship along and include 3 years of tax returns, profit/loss report and/or any documents to validate your reason for hardship. The SMA will send your request to the Centers for Medicare & Medicaid Services (CMS) for review pursuant to Section 1896(j)(2)(C)(ii) of the Social Security Act. If the basis of your request is financial, you must include a balance sheet or other financial statement with your justification. Please Answer all questions. If you answer "NO" to all the questions below, then you must pay an application fee.

APPLICATION FEE QUESTIONS

If the service location is enrolled in Medicare a fee payment is not required.

1. Is the service location enrolled in Medicare?

Yes No

* Date Enrolled
08/01/2024

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

* State
Alabama

* Payment Date
08/01/2024

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 financial hardship?

Yes No

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

Enrollment Application Fee

Total Amount Due

0.00

Cancel Previous Save and Continue

Fee Required

VIRGINIA PROVIDER ENROLLMENT (PE) WIZARD USER GUIDE

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.

You may request a hardship waiver. Requests for hardship waiver should be sent with your enrollment form and should explain the hardship and justify the waiver. Include in your hardship request the following: Submit a letter explaining the financial hardship along and include 3 years of tax returns, profit/loss report and/or any documents to validate your reason for hardship. The SMA will send your request to the Centers for Medicare & Medicaid Services (CMS) for review pursuant to Section 1866j(2)(C)(ii) of the Social Security Act. If the basis of your request is financial, you must include a balance sheet or other financial statement with your justification. Please Answer all questions. If you answer "NO" to all the questions below, then you must pay an application fee.

APPLICATION FEE QUESTIONS

If the service location is enrolled in Medicare a fee payment is not required.

1. Is the service location enrolled in Medicare? ?

Yes No

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

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 financial hardship? ?

Yes No

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

Enrollment Application Fee \$799.00

Total Amount Due \$799.00

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. If you have elected to pay by check, follow the instructions on the Application Fee Form to submit payment.

* Payment Mode ?

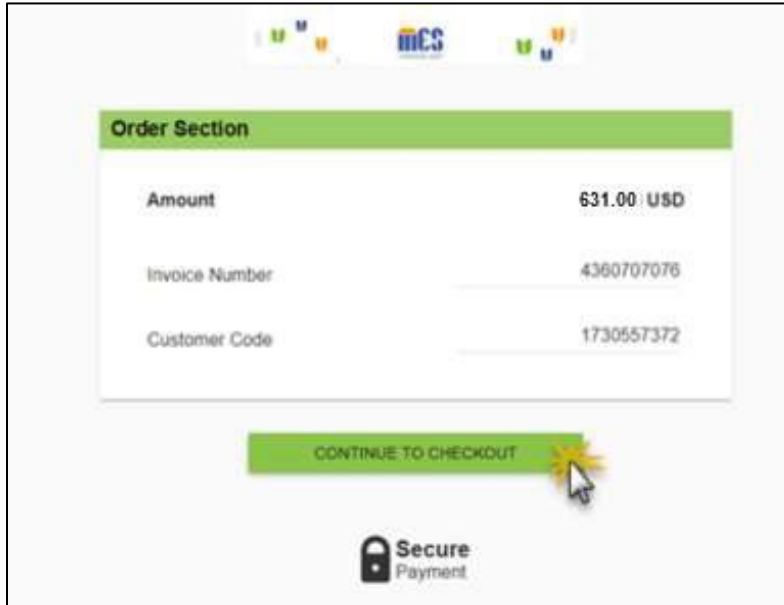
Online Check

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 117.

Figure 117: Order Section



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

- c. Click **SUBMIT PAYMENT**. Refer to Figure 118.

Figure 118: Payment Window

Back to Order Section

Order Section

Amount	631.00 USD
Invoice Number	5552685291
Customer Code	[REDACTED]

Payment

PAYMENT CARD

VISA Mastercard American Express Discover

Card Number *

Expiration Date(MMYY) *

Billing Address

Company

First Name

Last name

Address1 *

Address2

City *

State/Province *

Postal Code *

Country *

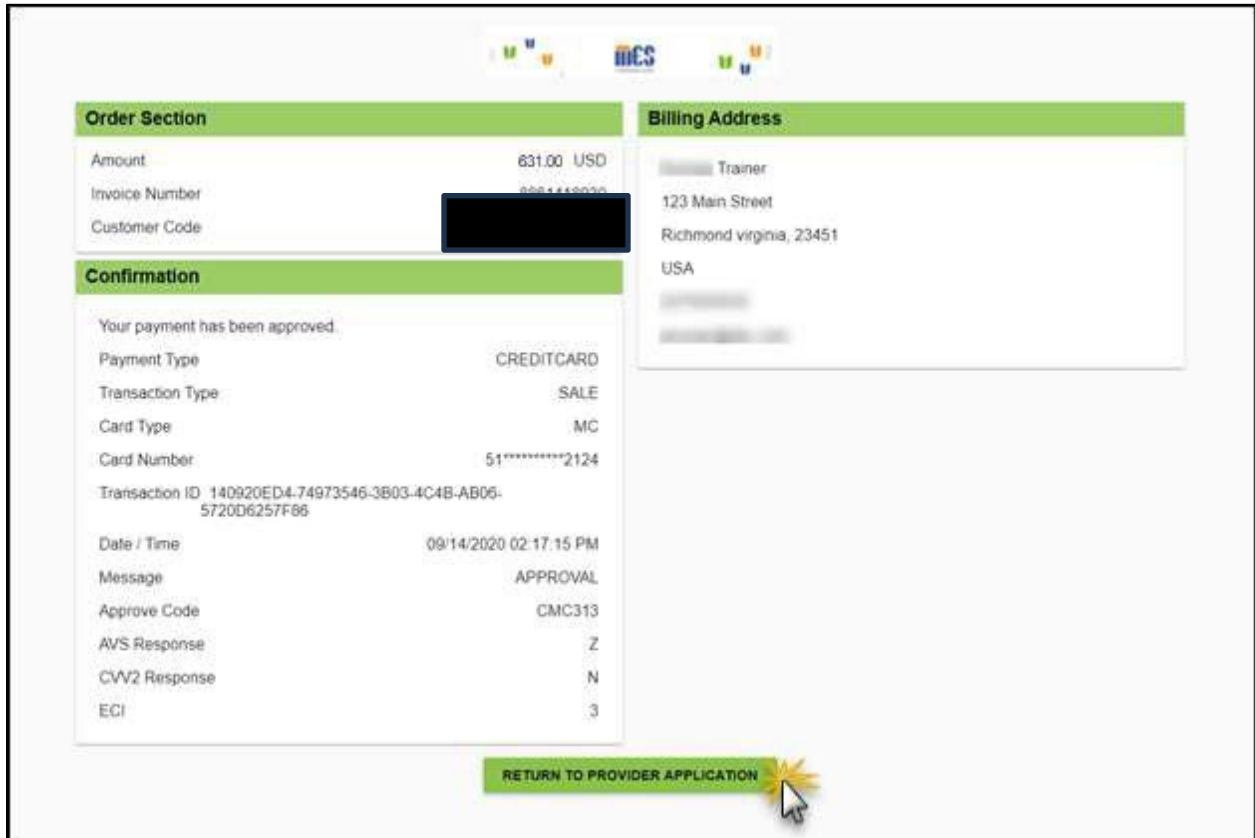
Email Address *

Phone *

SUBMIT PAYMENT

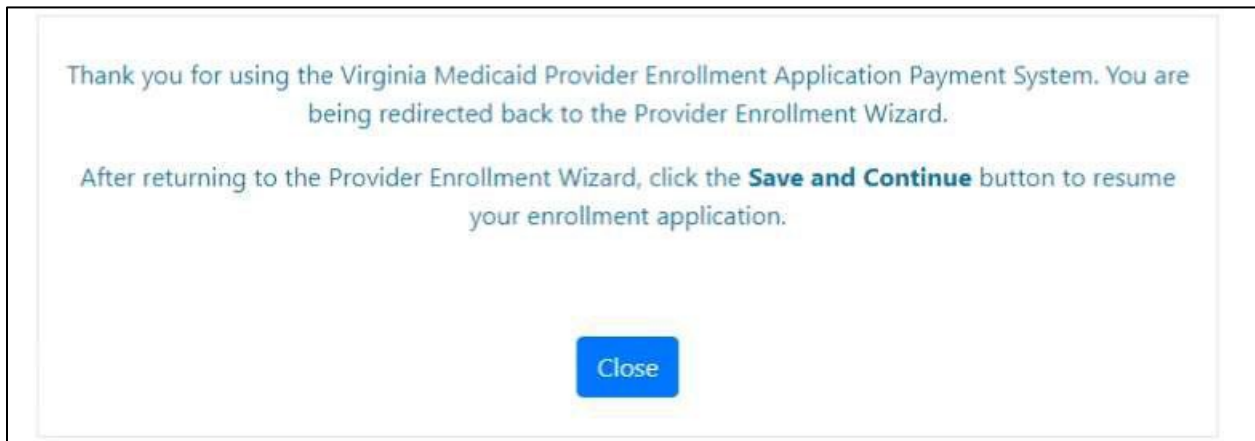
- d. A confirmation page opens. Click **Return to Provider Application**. Refer to Figure 119.

Figure 119: Payment Confirmation Window



- e. A confirmation page opens. Click **Close**. Refer to Figure 120.

Figure 120: Confirmation Window



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

20. 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 121.

Figure 121: 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.



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- 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 122.

Figure 122: Provider Agreement

16. This agreement shall commence upon the approval date of your enrollment application. Your effective date of participation is listed on your approval letter which is sent to your correspondence address upon approval of your application. Any changes to the provider's correspondence address or any other contact information must be immediately reported to DMAS's provider enrollment unit. The provider shall retain a copy of this approval letter as part of the Participation Agreement. Your continued participation in the Virginia Medicaid Program is contingent upon the timely renewal of your license. Failure to renew your license through your licensing authority shall result in the termination of your Medicaid Participation Agreement.

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 Virginia Medical Assistance Program (VMAP), the Department of Medical Assistance Services.

I understand that I should be enrolled as a provider of services under the Virginia Medical Assistance Program (VMAP), the Department of Medical Assistance Services, that it is my responsibility to notify the Virginia Medical Assistance Program (VMAP), the Department of Medical Assistance Services 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.

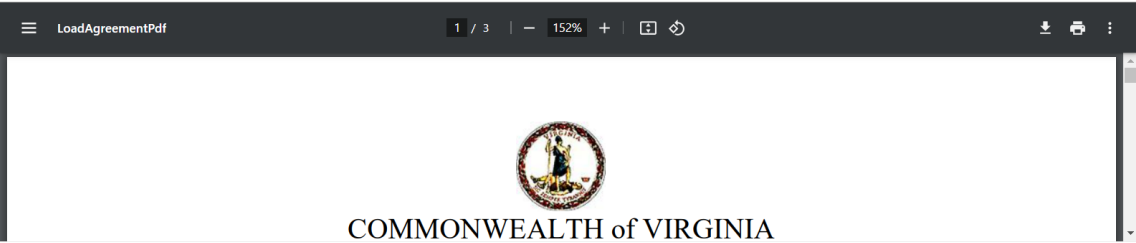


Note: If you do not see the print or save icons. Right-click on the Provider Agreement for options.

Form

Please read the Provider Agreement in document below

LoadAgreementPdf 1 / 3 | 152% + -



COMMONWEALTH of VIRGINIA

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.

Required Fields (*)
I Accept

- The **Agreement Confirmation** window displays. Click **Yes**. Refer to Figure 123.

Figure 123: Agreement Confirmation

- The **Portal Registration Details** section appears. Complete all the required fields. Refer to Figure 124.

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 124.*

Figure 124: 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 125.



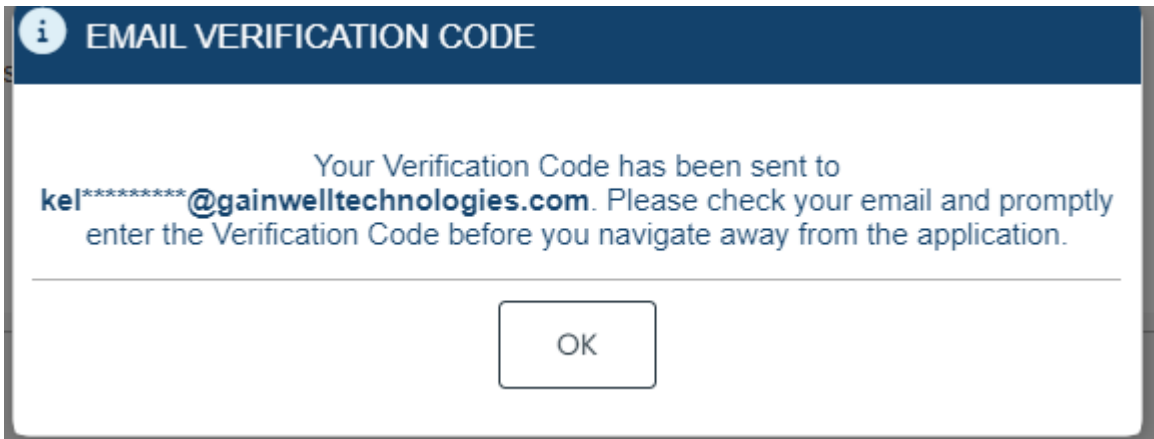
*Note: The **Verification Email ID** will be sent to the registered email used at the initial enrollment registration.*

Figure 125: Signature

The screenshot shows the 'Signature' section of the enrollment wizard. At the top, there is a blue header with the word 'Signature'. Below it, a message 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.' There is a checkbox labeled '* I Accept' which is currently unchecked. Below this are five input fields: 'Title', '* Last Name', '* First Name', 'Middle Name', and 'Suffix'. Each field has a small circular icon to its right. Below the name fields is a large text area labeled 'Comments'. At the bottom of the form, there is a 'Request Verification Code' button, a 'Verification Code' input field, and a 'Submission Date' field showing '8/13/2024'. At the very bottom, there are four buttons: 'Cancel', 'Previous', 'Finish Later', and 'Submit'.

6. Click **REQUEST VERIFICATION CODE**. Refer to Figure 126.

Figure 126: Request Verification Code



7. The **Email Verification Code** message window appears. Click **OK**. Refer to Figure 127.

Figure 127: Email Verification Code

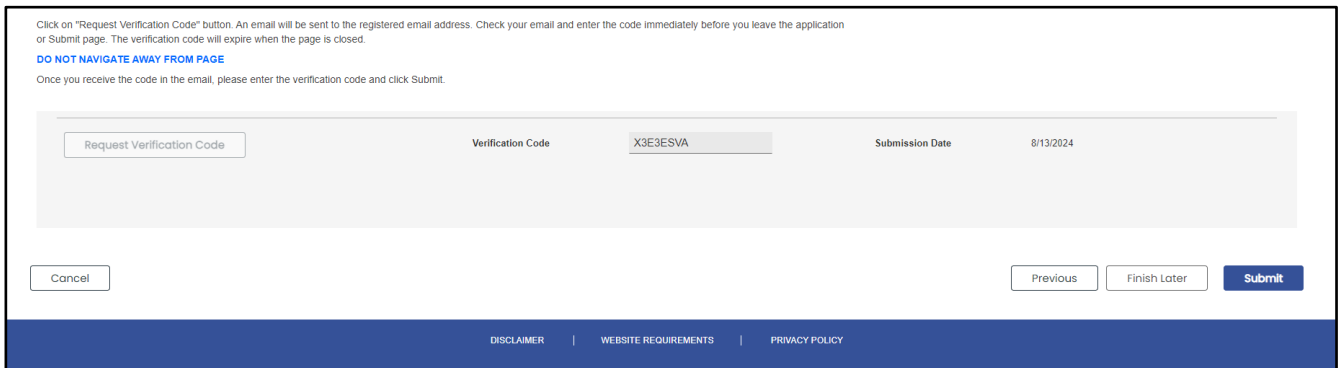
8. Access the email that you entered in the **Signature** section and locate your **New Enrollment Verification Code** email. Refer to Figure 128.

Figure 128: 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 129.

Figure 129: Verification Code Entry

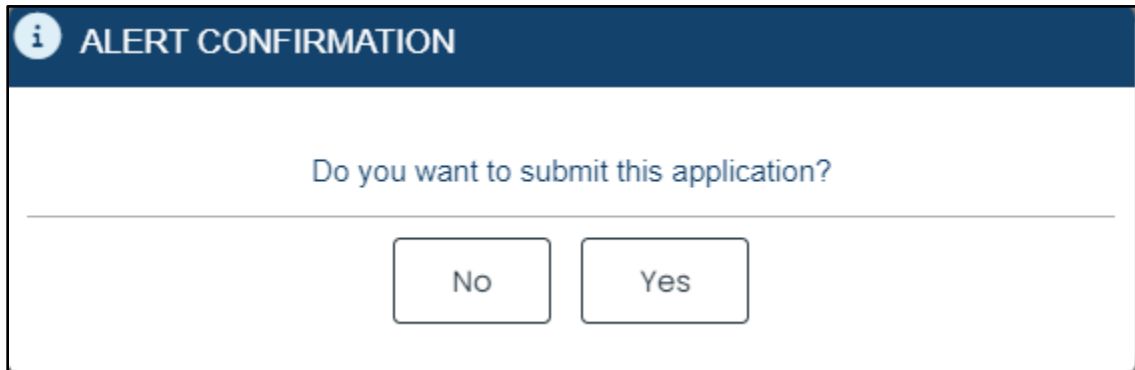




Note: When you click SUBMIT, the PE Wizard validates whether any information is missing or needs to be corrected and notifies you to make corrections as needed.

10. The **Alert Confirmation** message window appears. Click **Yes** to submit your completed enrollment application for the Virginia Medicaid program. Refer to Figure 130.

Figure 130: Alert Confirmation

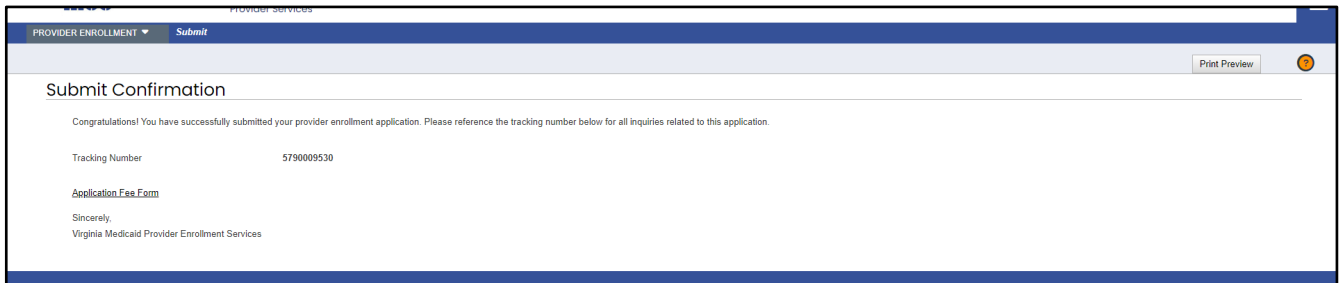


Note: After submission, applications cannot be viewed or modified unless a PRSS Enrollment and Management Clerk returns it for corrections.

21. 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 131.

Figure 131: 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. Refer to Figure 132 for an example form.

Figure 132: Application Fee Form

DMAS requires the following Provider Types to complete this form if you have not paid an application fee to Medicare or another State Medicaid Agency (SMA) to enroll, re-enroll, or revalidate your Provider and you elected during your enrollment submission to pay your Application Fee payment via paper check. If you did not select one of the Provider Types listed below during enrollment, you are NOT required to pay an application fee.

Note: The application fee must clear the Commonwealth of Virginia’s financial institution prior to the processing of your enrollment application.

Provider Types		
Ambulatory Surgical Centers	Behavioral Health Clinics	Behavioral Health Clinics and Services
Clinics (FQHC and RHC Only)	Comprehensive Outpatient Rehab Facilities	Durable Medical Equipment Suppliers
Emergency Transportation	Home Health Agencies	Hospice
Hospitals	Indian Health Services	Intermediate Care Facilities
Intermediate Care Facilities – Developmental Disability	Laboratories and Imaging Centers	Nursing Facilities
Outpatient Rehabilitation Facilities	Pharmacies	Prosthetic and Orthotics
Rehabilitation Hospitals	Residential Treatment Facilities	State Mental Health Hospital

Application Tracking Number 5790009530

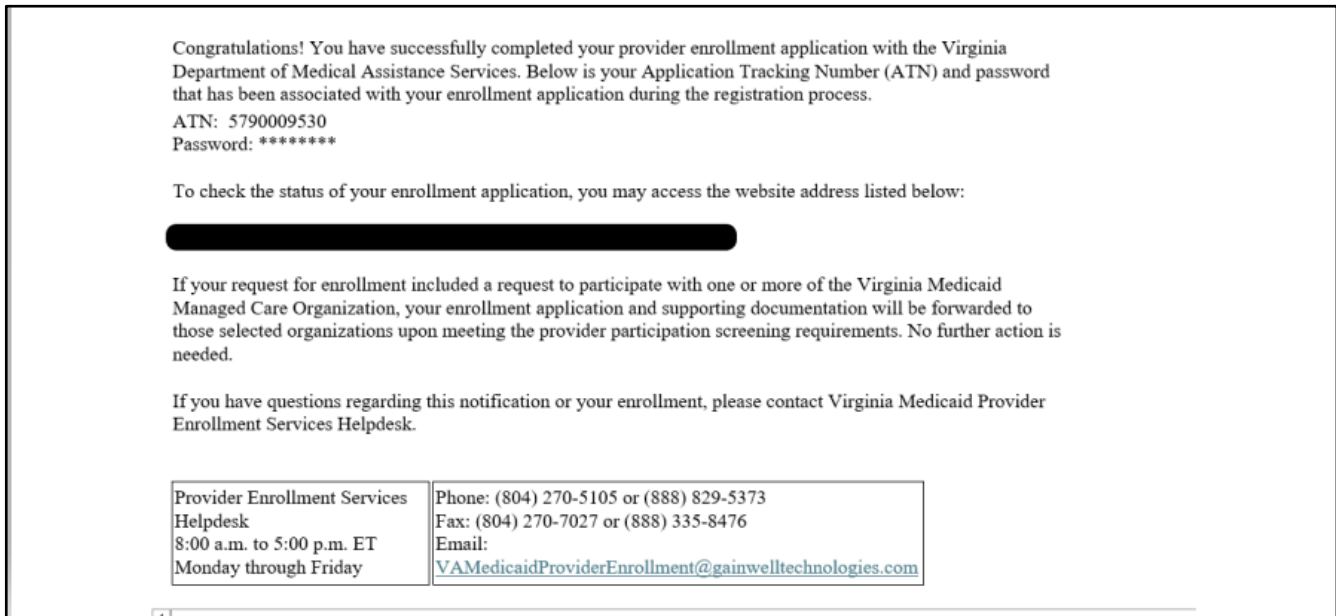
To Pay by Check:

- Make the check payable to **Department of Medical Assistance Services**.
- The amount of the payment is **\$709.00**
- Write your NPI on the Memo line and check number here: _____
- Send to:

**Virginia Medicaid Provider Enrollment Services
PO Box 26803
Richmond, VA 23261-6803**

You also receive a notification with your ATN and link to view the status of your application. Refer to Figure 133.

Figure 133: 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 4.5 - Check Enrollment Status 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 can 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 self-service provider maintenance in Provider Portal. Refer to the Virginia Provider Portal User Guide for functionality.

- If you do not already have Provider Portal credentials and have a unique email address that is not registered, you will receive two emails: one with your username and one with your password.
- If you already have established Provider Portal credentials, you will NOT receive additional credential information. Instead, the new Service Location will be matched based on your SSN/Tax Identification information. Your Services Location Ids 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).

22. 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 4.2 - **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 period 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 5.1 - Provider Enrollment Wizard Navigation for an explanation of how to navigate the system or make updates and Section 5.2 - 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 sizable 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 22-1.



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

Table 6: 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. 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

Module	Differences in Revalidation vs. New Enrollment
Fees	None
Agreement/Submit	The Portal Registration section is omitted as providers revalidating already have credentials.

After submission, you will receive a Revalidation Complete Notification.

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 4.5 - 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 those 30 days, your application will be denied. You will receive a reminder after 15 days to resubmit your application.

45-day Grace Period. If you were unable to complete your Revalidation Application and your 14-digit Service Location Id was terminated, you will have 45 days to complete to retrieve your Revalidation Application for submission. You will need the ATN and Password information to complete. If after the 45-day Grace Period, you still did not return to revalidate your provider information. You will need to re-enroll.

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 can 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 7: 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.	
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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