



Virginia Provider Enrollment (PE)

User Guide

Medicaid Enterprise System (MES)

Release: 30.21

Release Date: 05/2026

Note: This user guide will continue to be updated to reflect new functionality or changes.



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.



Contents

I	Introduction and Overview.....	5
	Overview	5
	PRSS Features.....	7
	Navigating the System.....	9
II	Provider Screening	11
III	Enrollment Types.....	14
IV	Enrolling as a Virginia Medicaid Provider	18
	Get Started	19
	Welcome Page.....	20
	Registration	21
	General Page	23
	Printing the Enrollment Application	44
	Specialties	45
	Service Location Information	46
	Other Addresses	50
	Phone Numbers	51
	Organization	52
	Associations	53
V	Credentials	64
	Credentials Page Introduction.....	64
VI	Provider Type.....	67
	Overview	67
VII	Other Page	69
	Introduction.....	69
VIII	EFT (Electronic Funds Transfer)	73
	EFT Overview	73
IX	Disclosures	77
	Provider Self-Disclosure.....	78
	Sub-Contractor	82
	Ownership and Control Interest	84



- Managing Employees..... 87
- New Business Transaction Disclosure 90
- Background Check..... 91
- Background Check – Collect Fingerprint Details..... 91
- Attachments..... 94
 - Example of Required Attachments 94
- XII Additional Information 97
 - Overview 97
- XIII Agree/Submit 100
 - Overview 100
- XIV Other PRSS Features 105
 - Enrollment Status..... 106
 - Managing/Changing Your Password..... 108
 - Resetting Your Password 110
 - Manage Email..... 112
 - Re-enrollment..... 116
 - Resume Enrollment..... 118
 - Cancelling Enrollment 119
 - Return to Provider 120
- XV Revalidate 121
- XVI Change of Ownership (CHOW) Enrollment Process 124
 - Definition and Requirements for CHOW Requests..... 124
 - What is a CHOW? 124
 - What is needed to submit a CHOW Request Form?..... 124
 - What currently enrolled provider and ownership information is needed to complete the CHOW Request Form? 124
 - CHOW Enrollment Form Request Instructions..... 126
 - CHOW Request Form Page 128
 - Submission of the CHOW Request Form 134
 - CHOW Enrollment..... 134
 - CHOW Request and New Enrollment Approval Process 136
- XVII Provider Maintenance 137
 - Provider Self-Service..... 137



Other Maintenance Items 137

Appendix A: Common Reasons Enrollment Application are Returned to Providers..... 138

Appendix B: FAQs 139

I Introduction and Overview

The Virginia Department of Medical Assistance Services (DMAS) Provider Services Solution, known as PRSS, is an electronic enrollment application that guides the provider through the enrollment and revalidation processes. It walks users through all the enrollment information needed based on Enrollment, Provider, Specialty, and Risk Type.

When a provider becomes eligible with Virginia Medicaid, they will also be able to access the PRSS Provider Portal which is a secure site where a provider can maintain their enrollment information and access direct links to member eligibility, service authorization, claims history, and other valuable resources.

Overview

This document, the *Provider Enrollment User Guide*, is designed to help providers understand how the Provider Screening process works and how to successfully complete an enrollment application. Examples in the guide illustrate functionality and are based on applications created using publicly available information. Tax numbers, birth dates, and other data presented are created for training purposes and is not personally identifiable information (PII).

The guide is organized into the following functional areas:

- Provider Screening Service
- Enrollment Types
- New Enrollment
- Credentials
- Provider Type
- Disclosures

Use the Provider Enrollment process to do the following:

- Request enrollment/contract with a plan



- Submit copies of licenses, insurance, and other documents required for both VA FFS and Managed Care Plans
- Sign a provider agreement
- Complete any other steps unique to a plan

PRSS Features

The Provider Enrollment Portal is designed to streamline the enrollment and revalidation process with the following features:

Registration

An Application Tracking Number (ATN) is assigned at the beginning of the enrollment process, enabling users to save data and resume the process later. The registration number is sent to the user-provided email address. After the enrollment is created, changes are saved at each step of the enrollment application. You can resume at any time and continue with the last saved step or return to previous steps. See [Registration](#) for details.

Enrollment Status

Throughout the enrollment process, the Application Tracking Number (ATN) can be used to check the status of the enrollment (Partial, Waiting for Attachments, Pending review, Returned to Provider, Approved, Denied.) See [Enrollment Status](#) for details.

Address Verification

Addresses entered throughout the application are validated against the US Postal Service, reducing the risk of submissions containing inaccurate address information. See [Addresses](#) for additional details.

Potential Duplicate Provider Warning

Data fields to alert the user if key enrollment details match an existing active provider or in-progress enrollment. See [Potential Duplicate Service Location](#) for additional details.

Identifier Format Validations

Format validation is performed for common provider identifiers such as NPI, CLIA and DEA to prevent accidental, incorrect entries.

Electronic Attachments

Users can upload attachments electronically during the enrollment process. See [Attachments](#) for details by enrollment, provider, and specialty type.

Customized Questions

While some questions are common to all Providers, others are specific to the Enrollment, Provider, Specialty, and Risk of the Provider.

Progress Bar

This bar displays the user's progress in completing the application.



Pre-Populated Data

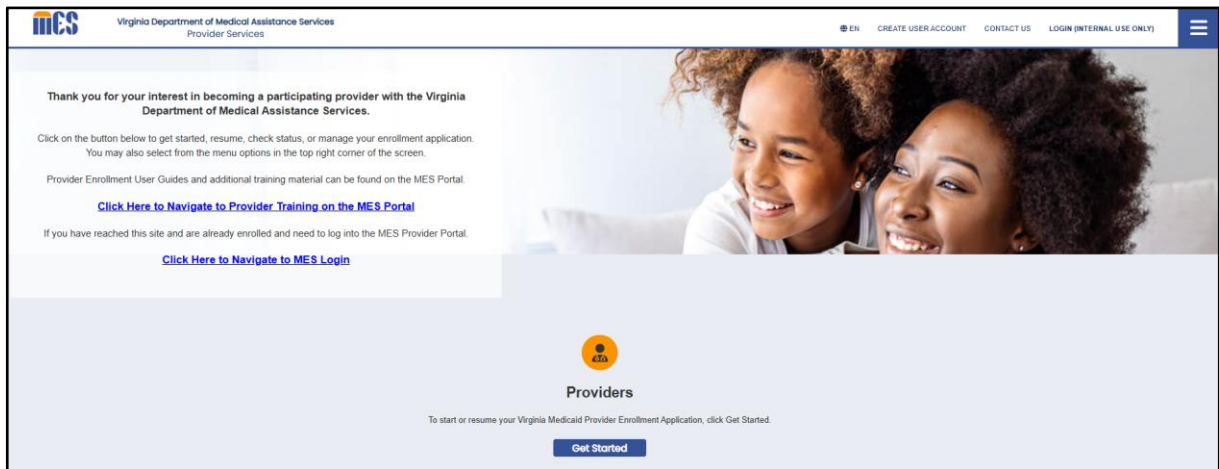
Pre-populated data minimizes data entry during the revalidation and re-enrollment of a terminated provider. Users can review existing data, update data where applicable, and attach any required documents. Users are required to provide information that could not be pre-populated.

Navigating the System

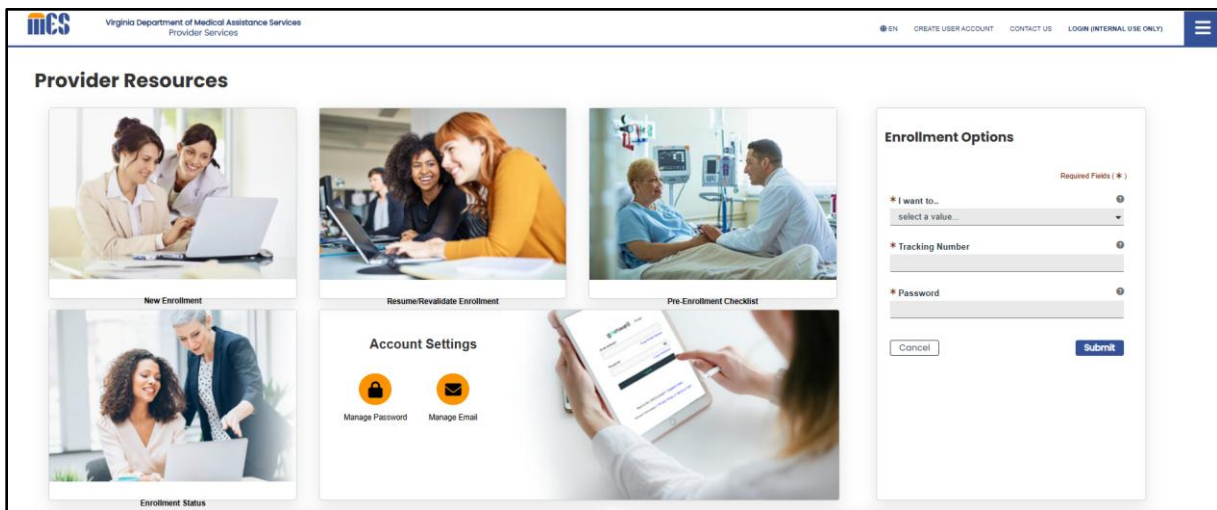
Providers will be guided through each page of enrollment, from the general information on the first page to the final print on the last page. An Application Tracking Number (ATN) lets users check the status of enrollment requests.

Complete the following steps to open Provider Enrollment Portal:



1. Click **Get Started** under Providers on the Welcome page.



2. This takes you to the Provider Resources Page where you have the option to review Pre-Enrollment Checklist, start a New Enrollment, Check Enrollment Status and under Enrollment Options you can select to **Resume**, **Revalidate**, or **Check Status** and by entering your ATN and Password, then clicking **Submit**. These options will be reviewed in more detail in Section IV Enrolling as a Virginia Medicaid Provider.



Guidelines

- Required fields are marked with a blue asterisk.
- Field level help is available wherever the  icon displays.
- Page level help () is available in the right-hand corner of the application, which provides an overview of the enrollment page.
- Click **Print** in the top-right corner of the application to print a PDF copy of the completed enrollment steps.
- Click **Application Fee on** the Print panel to print a coversheet for the created enrollment when mailing or faxing information to the enrollment team is required. NOTE: Only provider types listed on the coversheet require an application fee.
- Click the - (minus sign) in the upper-right corner of the page to collapse panels. Click the + (plus-sign) to expand panels.
- Click **Yes** or **No** in popup windows that display error messages. The **X** in the top-left corner of the warning is not actionable and will not return you to a previous screen.
- Edit entries within a panel by clicking the pencil icon.
- Click **Clear** on any Search panel to deselect the search criteria.
- Click **Cancel** to ignore any new entries made on the screen.
- Click **Delete** to remove an entry from the panel.
- Click **Previous** to return to the previous page. No data entered on the current page is saved.

II Provider Screening

Provider Screening and Risk Level Definitions

The 21st Century Cures Act (Cures Act) 114 P.P.255 requires all states to screen Medicaid providers, both in Medicaid fee-for-service (FFS) and managed care organizations (MCOs) upon enrollment. An abbreviated screening is also performed monthly for any provider who participates in the Virginia Medicaid Program. The full screening is conducted at the time of revalidation, and providers are required to revalidate at least every 5 years. The requirement for screening is in response to directives in the standards established by Section 6401(a) of the Affordable Care Act in which CMS requires all state Medicaid Program agencies to implement the provider enrollment and screening provisions of the Affordable Care Act (42 CFR 455 Subpart E). These regulations were published in the Federal Register, Vol. 76, February 2, 2011, and were effective March 25, 2011. The required screening measures vary based on a federally mandated categorical risk level. Providers' categorical risk levels are defined as "limited," "moderate," or "high."

Provider Screening Requirements

Provider screening requirements include those listed in the following table.

Risk Category	Screening Requirements
Limited Risk Providers	The following screening requirements apply to limited risk providers: (1) Verification that a provider or supplier meets any applicable Federal regulations and State requirements for the provider or supplier type; (2) Verification that a provider or supplier meets applicable licensure requirements; and (3) Verification that a provider or supplier has not been excluded from providing services in federally funded programs. The verification process includes a review of applicable federal and state databases checks and is completed on a pre- and post-enrollment basis to ensure that providers and suppliers continue to meet the enrollment criteria for their provider/supplier type.
Moderate Risk Providers	In addition to the screening requirements applicable to the limited risk provider category listed above, unannounced pre- and/or post-enrollment site visits apply to moderate risk providers. The screening requirements listed in this section are to be performed at the time of initial enrollment and at the time of revalidation, which is at least every 5 years.
High Risk Providers	In addition to the screening requirements applicable to the limited and moderate risk provider categories listed above, providers in the high-risk category may be required to undergo criminal background check(s) and submit fingerprints. These requirements apply to owners, authorized or delegated officials or managing employees of any provider or supplier assigned to the "high" level of screening.



Application Fee Requirements

Institutional providers may be required to pay a federally-required fee at the time of application for enrollment, re-enrollment, revalidation, or reactivation, and when adding new locations. If a provider is required to pay an application fee, it will be outlined in the provider enrollment application and/or revalidation notice. CMS determines the application fee each year. This fee is not required to be paid to DMAS if the provider has already paid the fee to another state Medicaid or Medicare program or has been granted hardship approval by Medicare. Providers may submit a hardship exception request for CMS approval with their enrollment application. If CMS denies the hardship request, then providers must pay the application fee within 30 calendar days from the date of the CMS notification; otherwise, the application for enrollment will be rejected. An appeal of hardship exception determination must be made to CMS pursuant to 42 CFR 424.514.

Screening Requirements by Provider Type

Provider Type	Risk Category	Application Fee	Site Visit	Fingerprint and Background Check
001 - Hospital	Limited	Yes	No	No
003 - Private Inpatient Psychiatric Hospital	Limited	Yes	No	No
007 - State Mental Health Hospital	Limited	Yes	No	No
010 - Nursing Facility	Limited	Yes	No	No
014 - Rehabilitation Hospital	Limited	Yes	No	No
015 - Intermediate Care Facility	Limited	Yes	No	No
017 - Intermediate Care Facility-Developmental Disability	Limited	Yes	No	No
020 - Physician	Limited	No	No	No
022 - Treatment Foster Care Case Management	Limited	No	No	No
023 - Nurse Practitioner	Limited	No	No	No
026 - Chiropractor	Limited	No	No	No
030 - Podiatrist	Limited	No	No	No
031 - Optometrist	Limited	No	No	No
036 - Baby Care	Limited	No	No	No
038 - Hearing Aid Specialist	Limited	No	No	No
039 - Therapists - OPR Only	Limited	No	No	No
042 - Dental Medical (CPT)	Limited	No	No	No
043 - Nursing Service Providers	Limited	No	No	No
044 - Audiologist	Limited	No	No	No
045 - Specialist/Technician	Limited	No	No	No
046 - Hospice	Moderate	Yes	Yes	No
048 - Dental Clinic Medical	Limited	No	No	No
049 - Ambulatory Surgery Center	Limited	Yes	No	No
051 - Clinics	Limited	Yes	No	No
054 - Indian Health Services	Limited	Yes	No	No
056 - Waiver Services	Limited	No	No	No



057 - Outpatient Rehabilitation Facility	Limited	Yes	No	No
059 - Home Health Agency	New/Re- Enrollment - High Revalidation - Moderate	Yes	Yes	Yes
060 - Pharmacy	Limited	Yes	No	No
061 - Pharmacy-Long Term Care	Limited	Yes	No	No
062 - Durable Medical Equipment	New/Re- Enrollment - High Revalidation - Moderate	Yes	Yes	Yes
063 - Private Duty Nursing Services	Limited	No	No	No
064 - Prosthetic and Orthotics	New/Re- Enrollment - High Revalidation - Moderate	Yes	Yes	Yes
070 - Laboratory	Moderate	Yes	Yes	No
071 - Imaging Centers	Moderate	Yes	Yes	No
072 - Local Education Agency	Limited	No	No	No
077 - Residential Treatment Facility	Limited	Yes	No	No
080 - Emergency Transportation	Moderate	Yes	Yes	No
082 - Emergency Medical Technician	Limited	No	No	No
099 - Qualified Medicare Crossover	Limited	No	No	No
100 - Temporary Detention Order (TDO)	Limited	No	No	No
104 - Full PACE (Program for All Inclusive Care for Elderly)	Limited	No	No	No
105 - Certified Professional Midwife	Limited	No	No	No
108 - Early Intervention Services	Limited	No	No	No
117 - Doula	New/Re- Enrollment - High Revalidation - Moderate	No	No	Yes
120 - Physician Assistant	Limited	No	No	No
130 - Podiatry Assistant	Limited	No	No	No
141 - Military Healthcare Provider	Limited	No	No	No
156 - Behavioral Health Services	Limited	No	No	No
256 - Behavioral Health Practitioner	Limited	No	No	No
268 - Pharmacist	Limited	No	No	No
331 - Optical Clinic	Limited	No	No	No
339 - Therapists - MCO Only	Limited	No	No	No
356 - Behavioral Health Clinic	Moderate	Yes	Yes	No
456 - Behavioral Health Clinic and Services	Moderate	Yes	Yes	No
700 - Meals	Limited	No	No	No
701 - Lodging	Limited	No	No	No
703 - Blood bank	Limited	No	No	No
704 - Eye Bank	Limited	No	No	No
990 - Group Practice	Limited	No	No	No

III Enrollment Types

Overview of Enrollment Types

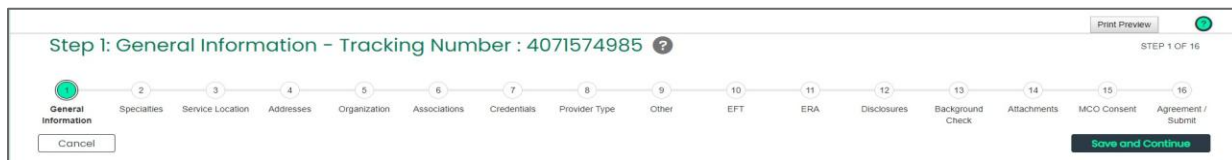
The enrollment system offers the following types:

- Facility
- Group
- Individual
- Individual within a Group
- Atypical
- OPR (Ordering, Prescribing, or Referring)

Not all Enrollment Types are available for all Provider Types and Specialties. For example, a pharmacy can only enroll as a facility, while a physician can enroll as either an Individual, an Individual within a Group, or OPR Provider.

Facility

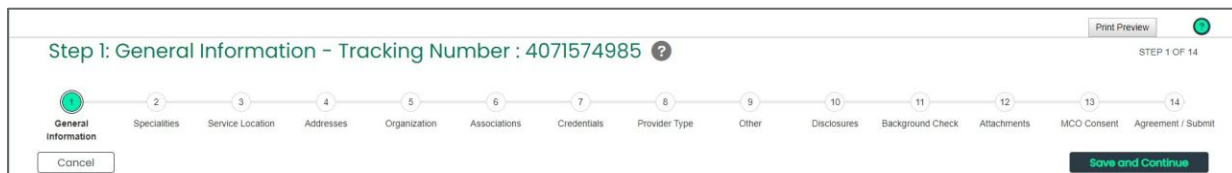
Facility Enrollment type applies to “brick and mortar” entities such as hospitals, clinics, pharmacies, home health agencies, or emergency transportation providers that want to provide medical services and submit reimbursement claims for those services. Facilities must enroll using NPI - Type 2 Organization. Depending on Provider, Specialty, and Risk Type, the following progress bar and



pages might appear for a Facility enrollment.

Group

A Group Enrollment type is a Group Practice who has two or more rendering providers doing business together under a Group Practice NPI. All payments made are reported to the IRS against the group EIN. The following progress bar with pages might appear for a Group enrollment.



Individual

The Individual Enrollment type is appropriate for individual practitioners who are both the rendering and billing Provider. All payments made are reported to the IRS against the individual’s Social Security Number if enrolling as an Individual, or against the EIN if enrolling as a business.

Individual Enrollment Types can also enroll as an Individual within a Group during one enrollment transaction and select a Group Association. The following progress bar with pages might appear for an Individual Enrollment type.



Individual providers can be either a business or an individual. Users are prompted to select one so the correct data can be collected. For an individual, PRSS collects first and last name, Social Security number, and date of birth.

For an Individual as a business, legal name and EIN details are collected.

Individual within a Group

The individual within a Group Enrollment type is appropriate for practitioners who are rendering providers. All billing for the provider’s services is provided by one or more groups. All payments made are reported to the IRS against the group EIN.

The following progress bar with pages might appear for an Individual within a Group enrollment.



NOTE: For Individual within a Group enrollment, a warning message displays if details entered on the General page match an existing provider. The enrollment can be continued, or details corrected as needed to enroll a new provider.

Atypical

Atypical Enrollment type Providers may submit HIPAA transactions. Atypical providers do not meet the HIPAA definition of a health care Provider and do not need to receive an NPI number.

The following progress bar with pages might appear for an Atypical enrollment



An Atypical Provider type can be either a business or an individual. Users are prompted to select one so that the correct data can be collected. For an individual, first and last name, Social Security number, and date of birth are collected.

NOTES:

- A provider who also participates with an MCO cannot enroll as an Atypical Provider. MCO providers must obtain an NPI.
- Users assigned an NPI number do not qualify for an Atypical Enrollment Type.

For a business, a legal name and Employer Identification Number are required.

Ordering, Prescribing, Referring (OPR)

42 CFR 455.410(b) states that state Medicaid agencies must require all ordering, referring, and prescribing physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers.

The ACA requires ORP providers to enroll to meet new program integrity requirements designed to ensure that all orders, prescriptions or referrals for items or services for Medicaid members originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid. There is one exception: the provider enrollment requirements do not apply to physicians who order or refer services for a Medicaid member in a risk-based managed care plan. A provider that does not participate with Virginia Medicaid currently but may order, refer, or prescribe to Medicaid members, must be enrolled to ensure claims will be paid to the servicing provider who is billing for the service. As a servicing provider, it is essential to include the National Provider Identifier (NPI) of any ORP on all claims to ensure the timely adjudication of claims.

OPR Enrollment Types can optionally provide an Association to facilities.

The following progress bar with pages might appear for an OPR enrollment.

The following Provider Types can enroll as an OPR.

OPR Eligible Providers	
Audiologist	Physicians including Psychiatrists
Clinical Psychologists	Professional Counselors
Clinical Social Workers	Psychiatric Clinic Nurse Specialists
Marriage and Family Therapists	School Psychologists
Nurse Practitioners	School Social Workers
Occupational Therapists	Speech and Language Pathologists
Physical Therapists	

IV Enrolling as a Virginia Medicaid Provider

Things to do Prior to Enrollment

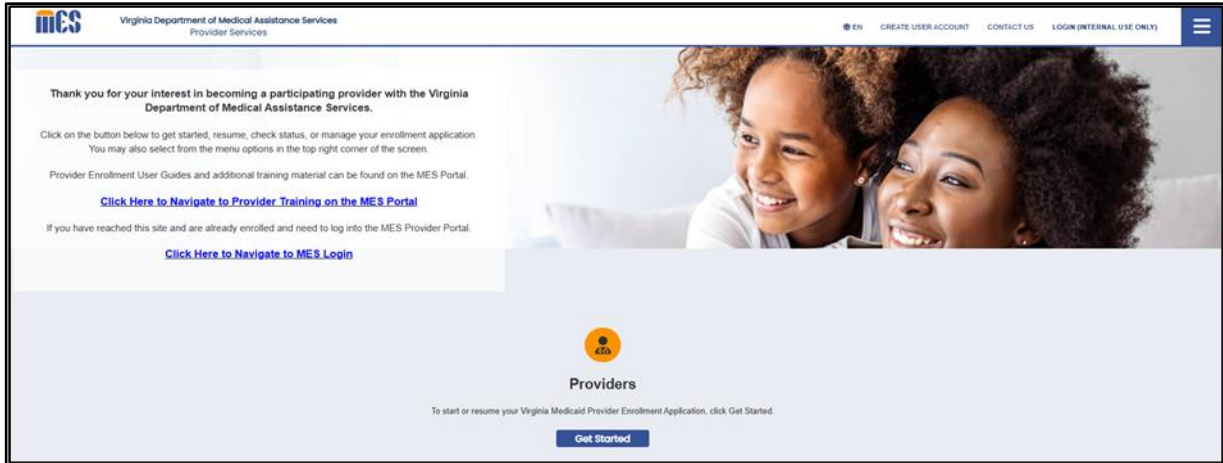
All Virginia Medicaid Fee for Service (FFS) and Managed Care Organization (MCO) Providers must be screened according to the ACA Provider Screening Regulations and enrolled through MES of Virginia Medicaid Provider Enrollment Services (PRSS).

Note – A provider enrolling as an MCO Only provider, must enroll and be screened through PRSS prior to establishing a contract with one or more MCO Programs.

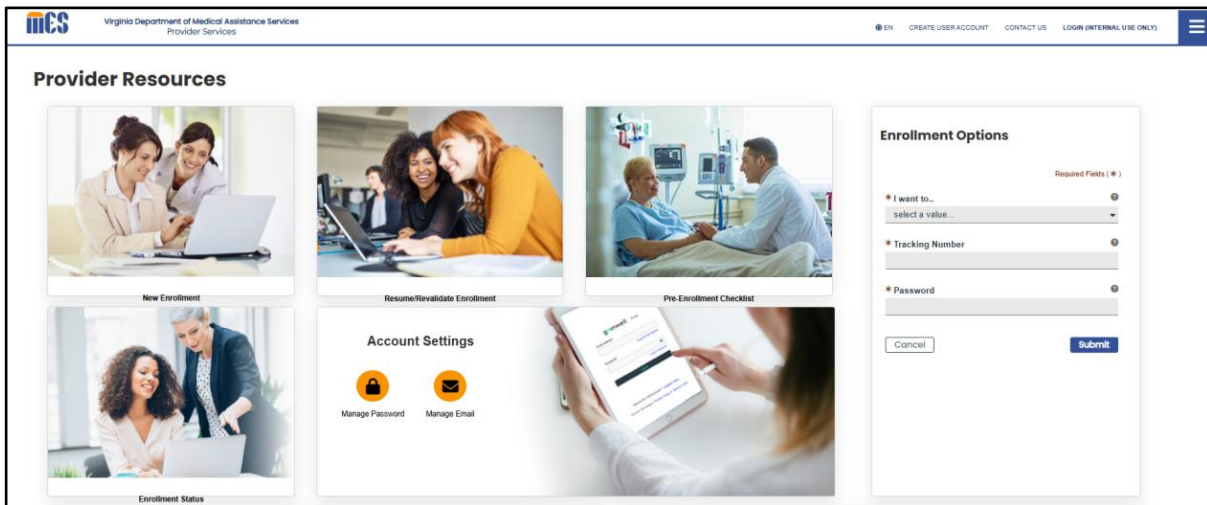
1. Providers must ensure that they are enrolled as the correct provider type/specialty.
2. During the enrollment process, please review that you are enrolling with the correct enrollment, provider and specialty type(s) that align with your license/certification and other specific state's coverage rules.
3. Providers may also review the weekly provider extract located here to avoid duplication of enrollment by provider type/specialty.
 - a. The weekly extract does not include all provider specialties for which the provider is eligible. Providers should review and maintain their provider information for accuracy via the secure provider portal.
 - b. Weekly extract can be found here:
<https://vamedicaid.dmas.virginia.gov/provider/mco>
 - c. For Mental Health (MH), Psychiatric Residential Treatment Facility (RPTF), and Waiver providers, the weekly extract does not include all specialties in which they are currently enrolled.
4. Providers are responsible for ensuring they continue to meet the license and certification requirements for their provider type/specialty as a MH, RPTF, and Waiver provider.
5. For some Providers, enrollment may require special license/certifications and submission of a yearly Memorandum of Understanding (MOU) from the Department of Behavioral Health and Developmental Services (DBHDS) or for Residential Treatment Facilities, the Restraint and Seclusion letter. If a provider does not meet this requirement, they may become ineligible.
6. Enrolling with incorrect provider type/specialty may impact claims, timely enrollment, and ability to render services to Virginia Medicaid Members.
7. It is the provider's responsibility to review enrollment requirements and provider specific information to maintain eligibility in one or more of the Virginia Department of Medical Services programs.

Get Started

1. Click **Get Started** under Providers on the Welcome page.

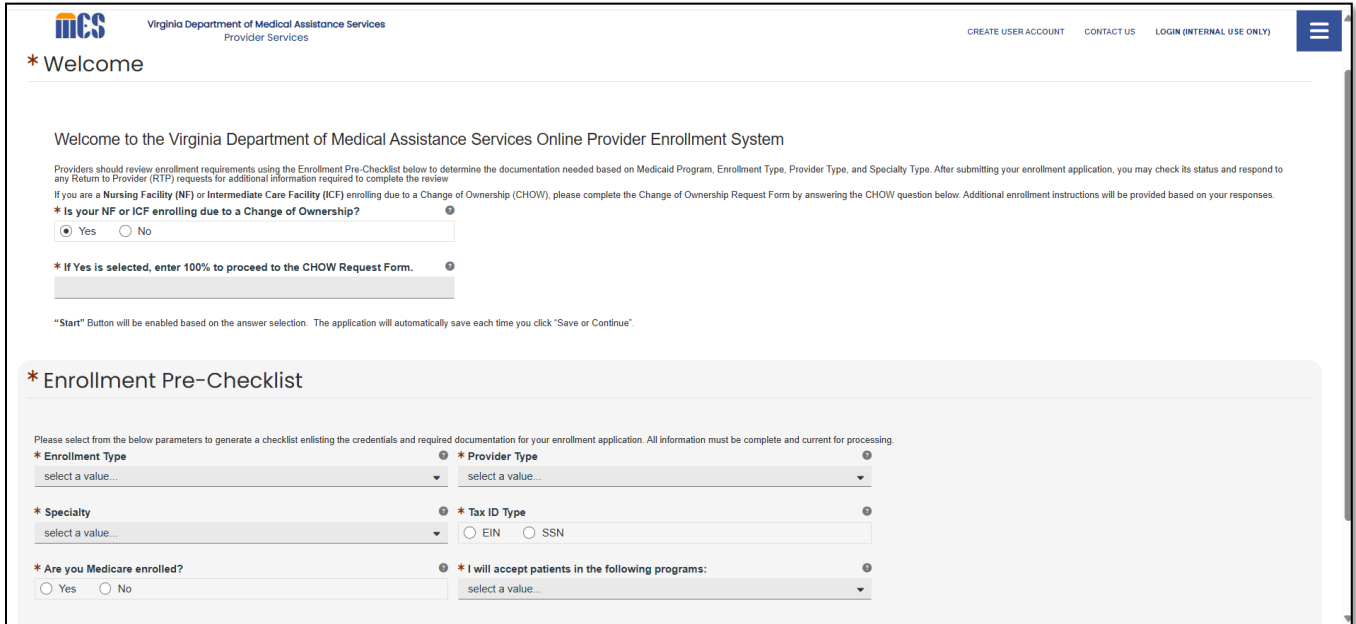


2. Click the Provider Resource icon, then select New Enrollment, Pre-Enrollment Checklist, or other Enrollment Options.



Welcome Page

The Welcome page provides guidance for the information required to complete the application.



The screenshot shows the 'Welcome' page of the Virginia Department of Medical Assistance Services Online Provider Enrollment System. The page includes a header with the MES logo, the text 'Virginia Department of Medical Assistance Services Provider Services', and navigation links for 'CREATE USER ACCOUNT', 'CONTACT US', and 'LOGIN (INTERNAL USE ONLY)'. The main heading is '* Welcome'. Below this, there is a section titled 'Welcome to the Virginia Department of Medical Assistance Services Online Provider Enrollment System'. This section contains instructions for providers to review enrollment requirements and a question: '* Is your NF or ICF enrolling due to a Change of Ownership?'. The question has two radio button options: 'Yes' (selected) and 'No'. Below this question is a text input field with the instruction: '* If Yes is selected, enter 100% to proceed to the CHOW Request Form.' A note states: '"Start" Button will be enabled based on the answer selection. The application will automatically save each time you click "Save or Continue."'.

The 'Enrollment Pre-Checklist' section follows, with instructions to select parameters to generate a checklist. It includes several dropdown menus and radio buttons:

- * Enrollment Type: select a value...
- * Provider Type: select a value...
- * Specialty: select a value...
- * Tax ID Type: EIN SSN
- * Are you Medicare enrolled?: Yes No
- * I will accept patients in the following programs: select a value...

1. Select **No** for "Is your NF or ICF enrolling due to a Change of Ownership"? question if you are not a Nursing Facility (NF) or Intermediate Care F undergoing a 100% Change of Ownership (CHOW) to begin the Enrollment Process. Then click **Start** to register to begin the Provider Enrollment application, or
2. Select **Yes** If you are an NF or ICF enrolling due to a CHOW. You will be required to answer the follow up question "If Yes is selected, enter 100% to proceed to the CHOW Request Form". Then click **Start** to register to proceed to the Change Request Form. Additional enrollment instructions will be provided based on your responses. Refer to **Change of Ownership Enrollment Process**.
3. Click **Generate Pre-Checklist** to generate a checklist with details about credentials and documents required to complete an enrollment application. This is optional, and users can begin applications without generating the enrollment checklist.

Registration

Registration is required for each application. An Application Tracking Number (ATN) is assigned to each registered application. Select a password between 8 and 20 characters, including at least one number, one upper-case, and one lower-case alphanumeric character.

The ATN and password enable users to resume the application, if necessary, or to check the status after submission. Reference the ATN on any documentation submitted during the application or revalidation process. The ATN also makes it easier to locate applications for users who call for assistance.

Prior to Registering:

To ensure efficiency and prevent duplicate enrollments, please verify your current enrollment status prior to initiating the process, consult the most recent active provider extract available on the MES of Virginia website at <https://vamedicaid.dmas.virginia.gov/provider/mco>, under Check Enrollment Status.

If your name appears in the extract and you are actively enrolled as an IG or OPR provider, it is unnecessary to submit a new enrollment application. Instead, utilize your existing Service Location ID (SL ID) to associate it with a new Group or Facility SL ID via the Secure Provider Portal.

If you are not listed in the extract, proceed with registration below to obtain a unique Application Tracking Number (ATN). You will receive a confirmation email containing your ATN, which, together with your password, allows you to revisit your application at any time.

ICF and NF providers undergoing Change of Ownership (CHOW) will be required to complete the CHOW Request Form after registration and receipt of their ATN. Refer to **Change of Ownership Enrollment Process**.

Registering and Obtaining ATN

1. Enter the following information to register:
 - Email
 - Confirm Email
 - Password
 - Confirm Password
 - Provider Reference (optional; this can be used as a reference to indicate who submitted the enrollment)

*** Registration**

IMPORTANT NOTICE: To save time and avoid creating duplicate enrollments, please verify your current enrollment status before beginning. If you are enrolling as an individual within a Group (IG) or as an Ordering, Prescribing, and Referring (OPR) provider, review the most recent active provider extract on the MES of Virginia website under **Check Enrollment Status**.

If you are listed on the extract and already active as an IG or OPR provider, you do not need to complete a new enrollment. Instead, use your existing Service Location ID to associate with a new Group or Facility through the Secure Provider Portal.

If you are not listed on the extract, please continue with registration below to receive a unique Application Tracking Number (ATN). A confirmation email will be sent with your ATN, which you may use along with your password to return to your application at any time.

ICF and NF providers undergoing a Change of Ownership (CHOW) will be prompted to complete the CHOW Request Form after registering and receiving an ATN.

* Email * Confirm Email

* Password * Confirm Password

Provider Reference

Previous Register

2. Click **Register** to continue. The system generates a tracking number and a message confirming the registration was successfully completed.

REGISTRATION COMPLETE

Your tracking number is **0548442566**

An email will be generated and sent to your email address **Bea*****@GainwellTechnologies.com** with further instructions.

You can now continue with your enrollment application.

OK

A registration confirmation email is sent containing the following (a sample is referenced below):

- Tracking Number
- Confirmation Email
- Password
- Confirmation Password
- Provider Reference (if applicable)

New Enrollment Registration Notification

P **PRSSSEmailNotificationsCFG@gainwelltechnologies.com**
To: **[Redacted]**

Retention Policy 3 Year Delete (Entire Mailbox) (3 years) Expires 5/3/2029

i If there are problems with how this message is displayed, click here to view it in a web browser.

Dear Provider,

Congratulations! You have successfully completed your initial registration which will allow you to apply for enrollment with the Virginia Department of Medical Assistance Services within the Virginia Medicaid Web Portal. Below is your Application Tracking Number (ATN) and your user-generated password that has been associated with your enrollment application. Your partially completed enrollment application will remain available to you for completion for 30 days from the date of your last update.

ATN: **[Redacted]**

Password: **[Redacted]**

To resume your partially completed enrollment application, access the Virginia Medicaid Provider Portal, using the ATN and Password used at registration, at the website address listed below to make the required updates.

General Page

The General page to begin the application.

1. Select the Enrollment Type, which determines the information required to complete the application.
2. Enrollment Types and Provider Type Specialty Requirements are documented in tables within this Chapter.

General

Required Fields (*)

Initial Enrollment Information

Enrollment Type: Individual

Provider Type: Physician

Effective Date: 08/21/2023

Provider Information

Are you an Individual or a Business?
 Individual Business

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

Title: _____ Legal Last Name: Bennett First Last Name: Mathew Second Last Name: _____ First Name: Thomas Middle Name: _____

Suffix: _____ Gender: select a value... What is your ethnicity?: select a value... Birth Date: 08/09/1988

NPI: 6126587594 SSN: *** - ** - 2153

Preferred Communication Language: English

Are you currently enrolled as a Provider?
 Yes No

Were you previously enrolled as a Provider?
 Yes No

Are you Medicare enrolled?
 Yes No

If you choose "FFS and MCO" or "MCO (s) only", your information will be shared with the selected MCO programs. This application does not guarantee participation with the Managed Care Organizations. Each organization is independent. Please select the appropriate option.

I will accept patients in the following programs:
MCO(s) only

Please select the programs to which you are applying. You must choose at least one.
ABC Healthcare X

Are you registered with CAQH?
 Yes No

General Credential Information

Please list the other names under which you have been known.

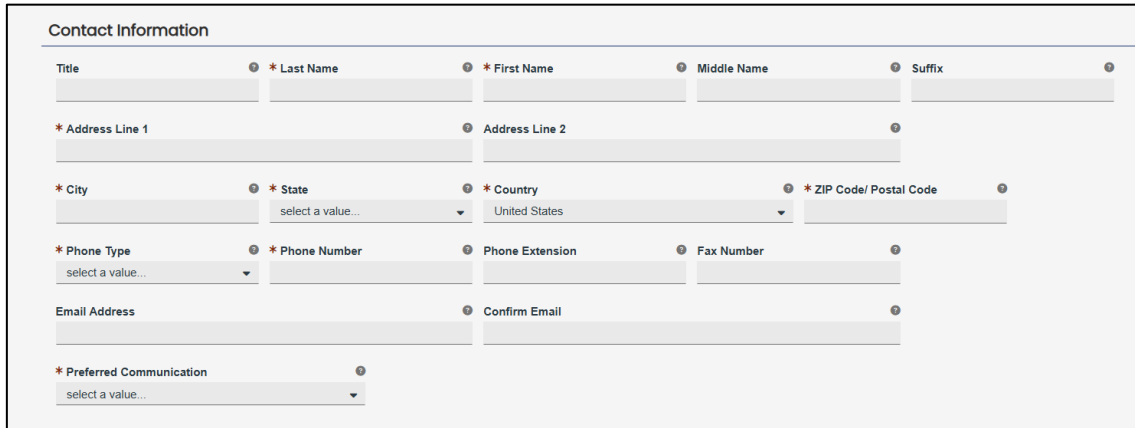
Name	Effective Date	End Date	Edit
There are no records found.			

Please select your place of birth.

City: _____ State: select a value... Country: select a value...

ECFMG Number: _____ ECFMG Certificate Issue Date: _____

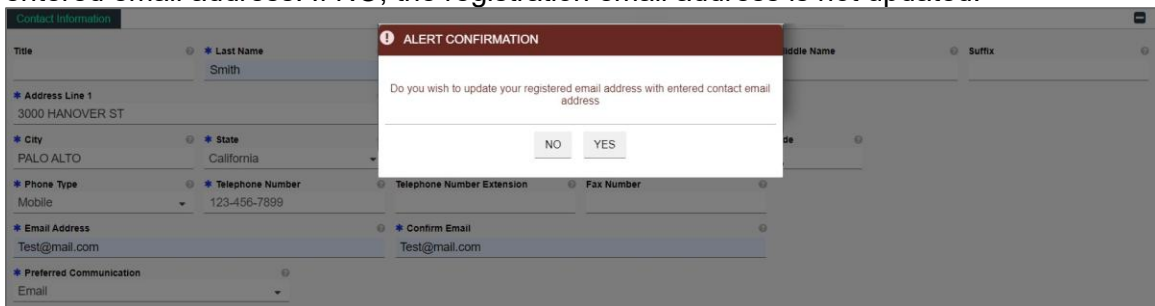
UPIN: _____



3. Complete all required fields.

NOTE: Address may be required based on provider type and configuration.

4. When the contact’s email address is updated on a Revalidation Enrollment or added for a new enrollment; the question “Do you wish to update your registered email address with entered contact email address?” displays. If the answer selected is YES, the registration email address is updated with the entered email address. If NO, the registration email address is not updated.



NOTE: When a contact’s email address and registered email address are the same, the question will not display.

5. Click **Save and Continue**.

Understanding Your Options

- After the information on this page is saved, you cannot change the Enrollment Type or Provider Type. If the wrong application is selected, you must cancel the enrollment and begin a new one. For guidance in selecting the correct enrollment type, see [Enrollment and Provider Types](#) beginning on Page 25.
- The Effective Date is the first date on which eligible services can be rendered and reimbursed. You may request a retroactive date the allowed configured time prior to allowed application submission date, but it is subject to approval.

• All **new or returning providers** will now be enrolled in the DMAS provider

system, known as PRSS, based on the month they apply or request reinstatement after any lapse in PRSS enrollment participation.

- Reinstatements are allowed only for specific criterion and approval by DMAS.
- Depending on the selected Provider Type, the system generates a message that discloses the provider’s risk level: limited, moderate, or high-risk. For more information, see **Provider Screening and Risk Level Definitions** in **Chapter II Provider Screening Requirements**.
- If the response to Are you currently enrolled as a Provider? is **Yes**, the system generates a message prompting you to revalidate. Click **Yes** and the system displays the Revalidation page. From there, enter the Application Tracking Number (ATN) included in the revalidation notification, which ensures that current information is pre-populated. If the response is **No**, you must change the answer to currently enrolled to **No** to proceed with the application.

If the response to Were you previously enrolled as a Provider? is **Yes**, a Service Location ID must be entered to match a previous Provider record. The provider completes information on the General page to raise the re-enrollment request. After the request is placed successfully, the provider receives a notification to resume the application. This ensures all current information is pre-populated and the application is submitted as a re-enrollment. If the response is **No**, you can proceed with the application.

NOTE: Only previously active providers for which contracts are no longer active and inactive providers who have not been terminated for cause may use the re-enrollment option.

- The information requested in the Contact Information panel is only for enrollment-related questions and notifications. You can identify contacts for payment and mailing information later in the application.
- Preferred Communication Language is captured on the General Information page as a drop-down selection. This is captured so that notifications can be sent to providers in their preferred language if more than one is available Enrollment Options

The table in this section below provides all enrollment eligible providers by their enrollment type (Atypical (AT), Individual within a Group (IG), Group, Individual (I), Facility/Organization (F), or Ordering, Prescribing, or Referring (OPR) provider eligible enrollment options by provider and specialty types and programs (VA FFS, MCO, or Both).



PT Code	PT Description	PS Code	PS Description	VA FFS Only, MCO Only, Both	Atypical (VA FFS Only)	Fac	Grp	Ind	Ind w/l Group	OPR
001	Hospital	001	Acute Care Hospital	Both	No	Yes	No	No	No	No
001	Hospital	002	State Mental Health Hospital for the Aged	Both	No	Yes	No	No	No	No
001	Hospital	004	Long Stay Hospital	Both	No	Yes	No	No	No	No
001	Hospital	008	Medical Surgery - Mental Health Hospital	Both	No	Yes	No	No	No	No
001	Hospital	009	Medical Surgery - Developmental Disability Hospital	Both	No	Yes	No	No	No	No
001	Hospital	012	Mental Health Long Stay Hospital	Both	No	Yes	No	No	No	No
001	Hospital	100	Mammography Certification	Both	No	Yes	No	No	No	No
001	Hospital	116	Early Intervention Services	Both	No	Yes	No	No	No	No
001	Hospital	119	Early Intervention Case Management	Both	No	Yes	No	No	No	No
001	Hospital	186	Ventilator	Both	No	Yes	No	No	No	No
001	Hospital	189	Complex	Both	No	Yes	No	No	No	No
001	Hospital	191	NF Private Room	Both	No	Yes	No	No	No	No
001	Hospital	192	Rehabilitation	Both	No	Yes	No	No	No	No
001	Hospital	301	Critical Care Hospital	MCO Only	No	Yes	No	No	No	No
001	Hospital	913	Mental Health Partial Hospitalization (MH-PHP)	Both	No	Yes	No	No	No	No
001	Hospital	918	ARTS - ASAM 2.5 Partial Hospitalization Services	Both	No	Yes	No	No	No	No
003	Private Inpatient Psychiatric Hospital	003	Private Inpatient Psychiatric Hospital	Both	No	Yes	No	No	No	No
003	Private Inpatient Psychiatric Hospital	913	Mental Health Partial Hospitalization (MH-PHP)	Both	No	Yes	No	No	No	No



003	Private Inpatient Psychiatric Hospital	918	ARTS - ASAM 2.5 Partial Hospitalization Services	Both	No	Yes	No	No	No	No
007	State Mental Health Hospital	007	State Mental Health Hospital	Both	No	Yes	No	No	No	No
010	Nursing Facility	006	Skilled Nursing Facility - Mental Health	Both	No	Yes	No	No	No	No
010	Nursing Facility	010	Skilled Nursing Facility	Both	No	Yes	No	No	No	No
010	Nursing Facility	013	Alzheimer Center (Dementia Center)	MCO Only	No	Yes	No	No	No	No
010	Nursing Facility	016	Intermediate Care Facility - Mental Health	Both	No	Yes	No	No	No	No
010	Nursing Facility	186	Ventilator	Both	No	Yes	No	No	No	No
010	Nursing Facility	189	Complex	Both	No	Yes	No	No	No	No
010	Nursing Facility	191	NF Private Room	Both	No	Yes	No	No	No	No
010	Nursing Facility	192	Rehabilitation	Both	No	Yes	No	No	No	No
010	Nursing Facility	413	Christian Science Facility	MCO Only	No	Yes	No	No	No	No
010	Nursing Facility	513	Custodial Care Facility	MCO Only	No	Yes	No	No	No	No
014	Rehabilitation Hospital	014	Rehabilitation Hospital	Both	No	Yes	No	No	No	No
014	Rehabilitation Hospital	116	Early Intervention Services	Both	No	Yes	No	No	No	No
014	Rehabilitation Hospital	119	Early Intervention Case Management	Both	No	Yes	No	No	No	No
015	Intermediate Care Facility	015	Intermediate Care Facility	Both	No	Yes	No	No	No	No
015	Intermediate Care Facility	186	Ventilator	Both	No	Yes	No	No	No	No
015	Intermediate Care Facility	189	Complex	Both	No	Yes	No	No	No	No
015	Intermediate Care Facility	191	NF Private Room	Both	No	Yes	No	No	No	No
015	Intermediate Care Facility	192	Rehabilitation	Both	No	Yes	No	No	No	No
017	Intermediate Care Facility-Developmental Disability	017	Intermediate Care Facility - Developmental Disability	FFS Only	No	Yes	No	No	No	No



019	Comprehensive Outpatient Rehabilitation Facility	139	Comprehensive Outpatient Rehabilitation Facility	FFS Only	No	Yes	No	No	No	No
020	Physician	047	Substance Abuse - Anesthesiology	Both	No	No	No	Yes	Yes	Yes
020	Physician	053	Family Practitioner	Both	No	No	No	Yes	Yes	Yes
020	Physician	056	General Practice	Both	No	No	No	Yes	Yes	Yes
020	Physician	057	Anesthesiologist	Both	No	No	No	Yes	Yes	Yes
020	Physician	058	Colon & Rectal Surgery	Both	No	No	No	Yes	Yes	Yes
020	Physician	059	Dermatologist	Both	No	No	No	Yes	Yes	Yes
020	Physician	060	Internal Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	061	Neurological Surgery	Both	No	No	No	Yes	Yes	Yes
020	Physician	062	Obstetrics and Gynecology	Both	No	No	No	Yes	Yes	Yes
020	Physician	063	Ophthalmology	Both	No	No	No	Yes	Yes	Yes
020	Physician	064	Orthopedic Surgeon	Both	No	No	No	Yes	Yes	Yes
020	Physician	065	Otolaryngology	Both	No	No	No	Yes	Yes	Yes
020	Physician	066	Pathology	Both	No	No	No	Yes	Yes	Yes
020	Physician	067	Pediatrician	Both	No	No	No	Yes	Yes	Yes
020	Physician	068	Physical Medicine and Rehabilitation	Both	No	No	No	Yes	Yes	Yes
020	Physician	069	Plastic Surgery	Both	No	No	No	Yes	Yes	Yes
020	Physician	070	Preventive Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	071	Neurology	Both	No	No	No	Yes	Yes	Yes
020	Physician	072	Radiology	Both	No	No	No	Yes	Yes	Yes
020	Physician	074	Cardiothoracic Surgery	Both	No	No	No	Yes	Yes	Yes
020	Physician	075	Urology	Both	No	No	No	Yes	Yes	Yes
020	Physician	080	Oral Surgeon	Both	No	No	No	Yes	Yes	Yes
020	Physician	100	Mammography Certification	Both	No	No	No	Yes	Yes	No
020	Physician	124	Intern	Both	No	No	No	No	No	Yes
020	Physician	127	Telemedicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	138	Office Based Opioid Treatment	Both	No	No	No	Yes	Yes	Yes
020	Physician	147	Substance Abuse - Family Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	160	Nuclear Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	171	Psychiatry	Both	No	No	No	Yes	Yes	Yes
020	Physician	173	General Surgeon	Both	No	No	No	Yes	Yes	Yes



020	Physician	174	Medical Genetics	Both	No	No	No	Yes	Yes	Yes
020	Physician	247	Substance Abuse - Internal Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	260	Emergency Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	273	Transplant Surgery	Both	No	No	No	Yes	Yes	Yes
020	Physician	347	Substance Abuse - Psychiatry and Neurology	Both	No	No	No	Yes	Yes	Yes
020	Physician	360	Neuromusculoskeletal Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	447	Substance Abuse - Preventive Medicine	Both	No	No	No	Yes	Yes	Yes
020	Physician	460	Hospitalist	MCO Only	No	No	No	Yes	Yes	Yes
020	Physician	560	Clinical Pharmacology	Both	No	No	No	Yes	Yes	Yes
022	Treatment Foster Care Case Management	222	Treatment Foster Care Case Management	Both	Yes	Yes	No	No	No	No
023	Nurse Practitioner	022	Women's Health	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	023	Family	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	024	Pediatric	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	107	Adult	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	108	Geriatric	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	109	Neonatal	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	110	Acute Care	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	111	Psychiatric	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	112	Certified Nurse Midwife	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	138	Office Based Opioid Treatment	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	243	Certified Registered Nurse Anesthetist	Both	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	307	Community Health	MCO Only	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	308	Perinatal	MCO Only	No	No	No	Yes	Yes	Yes



023	Nurse Practitioner	309	Primary Care	MCO Only	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	310	School	MCO Only	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	311	Obstetrics/Gynecology	MCO Only	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	312	Occupational Health	MCO Only	No	No	No	Yes	Yes	Yes
023	Nurse Practitioner	547	Substance Abuse - Nurse Practitioner	Both	No	No	No	Yes	Yes	Yes
026	Chiropractor	126	Chiropractor	Both	No	No	No	Yes	Yes	Yes
030	Podiatrist	030	Podiatrist	Both	No	No	No	Yes	Yes	Yes
031	Optometrist	031	Optometrist	Both	No	No	No	Yes	Yes	Yes
036	Baby Care	036	Care Coordination	Both	Yes	Yes	No	No	No	Yes
036	Baby Care	037	Nutritional Services	Both	Yes	Yes	No	No	No	Yes
036	Baby Care	038	Patient Education	Both	Yes	Yes	No	No	No	Yes
036	Baby Care	039	Homemaker Services	Both	Yes	Yes	No	No	No	Yes
036	Baby Care	237	Registered Dietician	Both	No	Yes	No	No	No	Yes
038	Hearing Aid Specialist	238	Hearing Aid Specialist	Both	No	No	No	Yes	Yes	No
039	Therapists - OPR Only	043	Speech-Language Pathologist	Both	No	No	No	No	No	Yes
039	Therapists - OPR Only	045	Occupational Therapist	Both	No	No	No	No	No	Yes
039	Therapists - OPR Only	154	Physical Therapist	Both	No	No	No	No	No	Yes
042	Dental Medical (CPT)	082	Pedodontist	Both	No	No	No	Yes	Yes	Yes
042	Dental Medical (CPT)	083	Endodontist	Both	No	No	No	Yes	Yes	Yes
042	Dental Medical (CPT)	085	Oral Pathologist	Both	No	No	No	Yes	Yes	Yes
042	Dental Medical (CPT)	086	Dental Anesthesiology	Both	No	No	No	Yes	Yes	Yes
042	Dental Medical (CPT)	178	General Practice	Both	No	No	No	No	No	Yes
042	Dental Medical (CPT)	180	Oral Surgeon	Both	No	No	No	Yes	Yes	Yes



043	Nursing Service Providers	143	Nursing Service Providers	MCO Only	No	No	No	Yes	Yes	Yes
044	Audiologist	044	Audiology	Both	No	No	No	Yes	Yes	Yes
045	Specialist/Technician	245	Specialist/Technician	MCO Only	No	No	No	Yes	Yes	No
046	Hospice	046	Hospice	Both	No	Yes	No	No	No	No
048	Dental Clinic Medical	041	Dental Clinic	Both	No	Yes	No	No	No	No
049	Ambulatory Surgery Center	249	Ambulatory Surgical Center	Both	No	Yes	No	No	No	No
051	Clinics	050	Renal Dialysis Clinic	Both	No	Yes	No	No	No	No
051	Clinics	052	Federally Qualified Health Center	Both	No	Yes	No	No	No	No
051	Clinics	100	Mammography Certification	Both	No	Yes	No	No	No	No
051	Clinics	138	Office Based Opioid Treatment	Both	No	Yes	No	No	No	No
051	Clinics	151	Health Department Clinic	Both	No	Yes	No	No	No	No
051	Clinics	153	Rural Health Clinic	Both	No	Yes	No	No	No	No
051	Clinics	202	Developmental Disabilities	MCO Only	No	Yes	No	No	No	No
051	Clinics	203	Emergency Care	MCO Only	No	Yes	No	No	No	No
051	Clinics	205	Family Planning, Non-Surgical	MCO Only	No	Yes	No	No	No	No
051	Clinics	206	Genetics	MCO Only	No	Yes	No	No	No	No
051	Clinics	207	Infusion Therapy	MCO Only	No	Yes	No	No	No	No
051	Clinics	208	Military Outpatient	MCO Only	No	Yes	No	No	No	No
051	Clinics	209	Magnetic Resonance Imaging (MRI)	MCO Only	No	Yes	No	No	No	No
051	Clinics	210	Methadone	MCO Only	No	Yes	No	No	No	No
051	Clinics	211	Medically Fragile Infants and Children Day Care	MCO Only	No	Yes	No	No	No	No
051	Clinics	212	Podiatric	MCO Only	No	Yes	No	No	No	No
051	Clinics	213	Primary Care	MCO Only	No	Yes	No	No	No	No
051	Clinics	214	Pain	MCO Only	No	Yes	No	No	No	No
051	Clinics	215	Radiology	MCO Only	No	Yes	No	No	No	No
051	Clinics	216	Student Health	MCO Only	No	Yes	No	No	No	No
051	Clinics	217	Sleep Disorder	MCO Only	No	Yes	No	No	No	No



051	Clinics	219	Urgent Care	MCO Only	No	Yes	No	No	No	No
051	Clinics	220	Veterans Affair	MCO Only	No	Yes	No	No	No	No
051	Clinics	221	Oncology	MCO Only	No	Yes	No	No	No	No
051	Clinics	223	Birthing	MCO Only	No	Yes	No	No	No	No
051	Clinics	271	Substance Abuse Clinic	MCO Only	No	Yes	No	No	No	No
051	Clinics	321	Clinic/Center	MCO Only	No	Yes	No	No	No	No
051	Clinics	323	Ambulatory Fertility Facility	MCO Only	No	Yes	No	No	No	No
051	Clinics	324	Augmentative Communication	MCO Only	No	Yes	No	No	No	No
051	Clinics	325	Corporate Health	MCO Only	No	Yes	No	No	No	No
051	Clinics	326	Migrant Health	MCO Only	No	Yes	No	No	No	No
054	Indian Health Services	454	Indian Health Services	FFS Only	No	Yes	No	No	No	No
056	Waiver Services	116	Early Intervention Services	Both	Yes	Yes	No	Yes	No	No
056	Waiver Services	119	Early Intervention Case Management	Both	Yes	Yes	No	Yes	No	No
056	Waiver Services	163	Private Duty Nursing Services	Both	No	Yes	No	No	No	No
056	Waiver Services	462	Assistive Technology	Both	No	Yes	No	No	No	No
056	Waiver Services	562	Environmental Modifications	Both	No	Yes	No	No	No	No
056	Waiver Services	662	Electronic Home-Based Supports	Both	No	Yes	No	No	No	No
056	Waiver Services	801	Adult Day Health Care	Both	Yes	Yes	No	No	No	No
056	Waiver Services	803	Benefits Planning	Both	Yes	Yes	No	No	No	No
056	Waiver Services	804	Case Management (State Plan Option)	Both	Yes	Yes	No	No	No	No
056	Waiver Services	805	Center Based Crisis Support (non-professionals and professionals)	Both	Yes	Yes	No	No	No	No
056	Waiver Services	806	Community Based Crisis Support (non-professionals and professionals)	Both	Yes	Yes	No	No	No	No
056	Waiver Services	807	Community Coaching	Both	Yes	Yes	No	No	No	No



056	Waiver Services	808	Community Engagement Tier 1 - 4	Both	Yes	Yes	No	No	No	No
056	Waiver Services	809	Community Guide	Both	Yes	Yes	No	No	No	No
056	Waiver Services	810	Companion Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	811	Consumer Directed Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	812	Crisis Support Services (non-professional and professionals)	Both	Yes	Yes	No	No	No	No
056	Waiver Services	813	Family and Caregiver Training Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	814	Group Day Support Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	815	Group Home Residential and Customized Group Home Residential	Both	Yes	Yes	No	No	No	No
056	Waiver Services	816	Group Supported Employment	Both	Yes	Yes	No	No	No	No
056	Waiver Services	817	Independent Living Support Services - Tier 1 - 4	Both	Yes	Yes	No	No	No	No
056	Waiver Services	818	Individual Supported Employment	Both	Yes	Yes	No	No	No	No
056	Waiver Services	819	In-Home Support Services and Customized In-Home Support Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	820	Peer Mentor Supports	Both	Yes	Yes	No	No	No	No
056	Waiver Services	821	Personal Care Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	822	Respite Care Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	823	Shared Living	Both	Yes	Yes	No	No	No	No
056	Waiver Services	824	Sponsored Residential and Customized Sponsored Residential	Both	Yes	Yes	No	No	No	No



056	Waiver Services	825	Supported Living Residential Tier 1 - 4 and/or Customized Supported Living Residential	Both	Yes	Yes	No	No	No	No
056	Waiver Services	826	Therapeutic Consultation (professional)	Both	No	Yes	No	Yes	No	No
056	Waiver Services	827	Therapeutic Consultation (non-professional)	Both	No	Yes	No	Yes	No	No
056	Waiver Services	828	Transition Services	Both	Yes	Yes	No	No	No	No
056	Waiver Services	829	Workplace Assistive Services	Both	Yes	No	No	No	No	No
056	Waiver Services	831	Non-emergency Transportation	Both	No	Yes	No	Yes	No	No
056	Waiver Services	834	Skilled Nursing	Both	No	Yes	No	No	No	No
056	Waiver Services	835	Congregate Nursing	Both	No	Yes	No	No	No	No
056	Waiver Services	836	Alzheimer Waiver	Both	Yes	Yes	No	No	No	No
056	Waiver Services	841	Brain Injury Case Management	Both	No	Yes	No	No	No	No
057	Outpatient Rehabilitation Facility	116	Early Intervention Services	Both	No	Yes	No	No	No	No
057	Outpatient Rehabilitation Facility	119	Early Intervention Case Management	Both	No	Yes	No	No	No	No
057	Outpatient Rehabilitation Facility	157	Outpatient Rehabilitation Facility	Both	No	Yes	No	No	No	No
059	Home Health Agency	054	Hospital Based	Both	No	Yes	No	No	No	No
059	Home Health Agency	055	Non-Hospital Based	Both	No	Yes	No	No	No	No
059	Home Health Agency	116	Early Intervention Services	Both	No	Yes	No	No	No	No
059	Home Health Agency	119	Early Intervention Case Management	Both	No	Yes	No	No	No	No
060	Pharmacy	168	Pharmacy Services	Both	No	Yes	No	No	No	No
060	Pharmacy	269	Home Infusion	Both	No	Yes	No	No	No	No



061	Pharmacy-Long Term Care	169	Unit Dose Pharmacy	Both	No	Yes	No	No	No	No
061	Pharmacy-Long Term Care	322	Long Term Care Pharmacy Non-UD	Both	No	Yes	No	No	No	No
062	Durable Medical Equipment	262	Durable Medical Equipment	Both	No	Yes	No	No	No	No
062	Durable Medical Equipment	362	Personal Emergency Response Services	Both	No	Yes	No	No	No	No
062	Durable Medical Equipment	462	Assistive Technology	Both	No	Yes	No	No	No	No
062	Durable Medical Equipment	562	Environmental Modifications	Both	No	Yes	No	No	No	No
062	Durable Medical Equipment	662	Electronic Home-Based Supports	Both	No	Yes	No	No	No	No
063	Private Duty Nursing Services	116	Early Intervention Services	Both	No	Yes	No	No	No	No
063	Private Duty Nursing Services	119	Early Intervention Case Management	Both	No	Yes	No	No	No	No
063	Private Duty Nursing Services	163	Private Duty Nursing Services	Both	No	Yes	No	No	No	No
064	Prosthetic and Orthotics	264	Prosthetic/Ortho Services	Both	No	Yes	No	No	No	No
070	Laboratory	098	Independent Laboratory	Both	No	Yes	No	No	No	No
070	Laboratory	298	Physiological Laboratory	Both	No	Yes	No	No	No	No
070	Laboratory	398	Military Clinical Medical Laboratory	Both	No	Yes	No	No	No	No
070	Laboratory	498	Dental Laboratory	Both	No	Yes	No	No	No	No
071	Imaging Centers	198	Diagnostic and Imaging Centers	Both	No	Yes	No	No	No	No
072	Local Education Agency	018	Special Ed - Audiologist	FFS Only	No	Yes	No	No	No	No
072	Local Education Agency	019	Special Ed - Personal Care Services	FFS Only	No	Yes	No	No	No	No



072	Local Education Agency	020	Special Ed - Transportation	FFS Only	No	Yes	No	No	No	No
072	Local Education Agency	025	Special Ed - Nursing Services	FFS Only	No	Yes	No	No	No	No
072	Local Education Agency	026	Special Ed - Psych Services	FFS Only	No	Yes	No	No	No	No
072	Local Education Agency	027	Special Ed - Physical Therapy	FFS Only	No	Yes	No	No	No	No
072	Local Education Agency	028	Special Ed - Occupational Therapy	FFS Only	No	Yes	No	No	No	No
072	Local Education Agency	029	Special Ed - Speech/Language Therapy	FFS Only	No	Yes	No	No	No	No
072	Local Education Agency	051	School Based Clinic/Practitioner	FFS Only	No	Yes	No	No	No	No
077	Residential Treatment Facility	077	Residential Treatment Facility	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	115	Therapeutic Group Home - Level B	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	118	EPSDT Therapeutic Group Home	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	132	ARTS - Residential Treatment - ASAM 3.7 - Child	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	133	ARTS - Residential Treatment - ASAM 3.1 - Adults	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	135	ARTS - Residential Treatment - ASAM 3.5 - Adults	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	132	ARTS - Residential Treatment - ASAM 3.7 - Adults	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	177	Residential Crisis Stabilization	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	229	ARTS - Residential Treatment - ASAM 3.1 - Child	Both	No	Yes	No	No	No	No
077	Residential Treatment Facility	232	ARTS - Residential Treatment - ASAM 3.5 - Child	Both	No	Yes	No	No	No	No



077	Residential Treatment Facility	233	ARTS - Residential Treatment - ASAM 3.3 - Adults	Both	No	Yes	No	No	No	No
080	Emergency Transportation	121	Air Transport	Both	No	Yes	No	No	No	No
080	Emergency Transportation	149	Neonatal Ambulance	Both	No	Yes	No	No	No	No
080	Emergency Transportation	201	Ambulance	Both	No	Yes	No	No	No	No
080	Emergency Transportation	251	Water Transportation	Both	No	Yes	No	No	No	No
082	Emergency Medical Technician	182	Emergency Medical Technician (Paramedic)	MCO Only	No	No	No	Yes	Yes	No
082	Emergency Medical Technician	183	Emergency Medical Technician (Intermediate)	MCO Only	No	No	No	Yes	Yes	No
082	Emergency Medical Technician	184	Emergency Medical Technician (Basic)	MCO Only	No	No	No	Yes	Yes	No
082	Emergency Medical Technician	185	Personal Emergency Response Attendant	MCO Only	No	No	No	Yes	Yes	No
099	Qualified Medicare Crossover	199	Qualified Medicare Crossover Only	Both	No	Yes	No	Yes	Yes	No
100	Temporary Detention Order (TDO) Provider	200	Temporary Detention Order (TDO) Provider	TDO Only	No	Yes	No	Yes	Yes	No
104	Full PACE (Program for All Inclusive Care for Elderly)	113	Full PACE (Program for All Inclusive Care for Elderly)	FFS Only	No	Yes	No	No	No	No
105	Certified Professional Midwife	105	Certified Professional Midwife	FFS Only	No	No	No	Yes	Yes	Yes
108	Early Intervention Services	116	Early Intervention Services	Both	Yes	Yes	No	Yes	No	No
108	Early Intervention Services	119	Early Intervention Case Management	Both	Yes	Yes	No	Yes	No	No



117	Doula	717	Doula	Both	No	No	No	Yes	Yes	No
120	Physician Assistant	120	Physician Assistant	MCO Only	No	No	No	Yes	Yes	Yes
130	Podiatry Assistant	330	Podiatry Assistant	MCO Only	No	No	No	Yes	Yes	No
141	Military Healthcare Provider	241	Military Healthcare Provider	MCO Only	No	No	No	Yes	Yes	No
156	Behavioral Health Services	137	Opioid Treatment Program	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	138	Office Based Opioid Treatment	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	900	Case Management - Mental Health	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	901	Functional Family Therapy	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	902	Community Stabilization	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	903	Applied Behavioral Analysis (ABA)	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	904	Assertive Community Treatment (ACT)	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	905	Intensive In Home	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	906	Mental Health Skill Building	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	907	One on One Supports in Residential	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	908	Peer Support Services	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	909	Psychosocial Rehabilitation Services	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	910	Independent Assessment, Certification and Coordination Team (IACCT)	Both	No	Yes	No	No	No	No



156	Behavioral Health Services	911	Independent Assessment, Certification and Coordination Team (IACCT) - Follow up - Assessment	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	912	Therapeutic Day Treatment for Children	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	913	Mental Health Partial Hospitalization (MH-PHP)	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	914	ARTS - Substance Abuse - Case Management	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	915	ARTS - Alcohol/SA Services Intensive OP Services	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	916	ARTS - Alcohol/SA Services Individual Peer Support	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	917	ARTS - Alcohol/SA Services Group Peer Support	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	918	ARTS - ASAM 2.5 Partial Hospitalization Services	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	919	Mental Health Intensive Outpatient Services	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	920	Mobile Crisis Response	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	921	23-Hour Crisis Stabilization	Both	No	Yes	No	No	No	No
156	Behavioral Health Services	922	Multisystemic Therapy (MST)	Both	No	Yes	No	No	No	No
231	Optician	231	Optician	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	021	Licensed Professional Counselor	Both	No	No	No	Yes	Yes	Yes



256	Behavioral Health Practitioner	076	Licensed Clinical Social Worker	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	101	School Psychologist	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	102	Marriage and Family Therapist	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	103	Substance Abuse Practitioner	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	104	Behavioral Analyst	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	125	Clinical Psychologist	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	134	Clinical Nurse Specialist	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	175	School Social Worker	Both	No	No	No	No	No	Yes
256	Behavioral Health Practitioner	176	Social Worker	Both	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	179	School Counselor	Both	No	No	No	No	No	Yes
256	Behavioral Health Practitioner	204	Psychoanalyst	MCO Only	No	No	No	Yes	Yes	Yes
256	Behavioral Health Practitioner	225	Psychologist	MCO Only	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	234	Clinical Nurse Services	MCO Only	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	235	Poetry Therapist	MCO Only	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	470	Substance Abuse - Licensed Professional Counselor	Both	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	471	Substance Abuse - Psychologist	Both	No	No	No	Yes	Yes	No



256	Behavioral Health Practitioner	472	Substance Abuse - Licensed Clinical Social Worker	Both	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	473	Substance Abuse - Marriage and Family Therapist	Both	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	474	Substance Abuse - Clinical Nurse Specialist	Both	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	910	Independent Assessment, Certification and Coordination Team (IACCT)	Both	No	No	No	Yes	Yes	No
256	Behavioral Health Practitioner	911	Independent Assessment, Certification and Coordination Team (IACCT) - Follow up - Assessment	Both	No	No	No	Yes	Yes	No
268	Pharmacist	268	Pharmacist	Both	No	No	No	Yes	Yes	No
331	Optical Clinic	331	Optical Clinic	Both	No	Yes	No	No	No	No
339	Therapists - MCO Only	043	Speech-Language Pathologist	MCO Only	No	No	No	Yes	Yes	No
339	Therapists - MCO Only	045	Occupational Therapist	MCO Only	No	No	No	Yes	Yes	No
339	Therapists - MCO Only	145	Occupational Therapy	MCO Only	No	No	No	Yes	Yes	No
339	Therapists - MCO Only	154	Physical Therapist	MCO Only	No	No	No	Yes	Yes	No
339	Therapists - MCO Only	239	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MCO Only	No	No	No	Yes	Yes	No
339	Therapists - MCO Only	254	Physical Therapy	MCO Only	No	No	No	Yes	Yes	No
339	Therapists - MCO Only	339	Rehabilitation	MCO Only	No	No	No	Yes	Yes	No
339	Therapists - MCO Only	343	Speech and Language Therapy	MCO Only	No	No	No	Yes	Yes	No
356	Behavioral Health Clinic	141	Behavioral Health Clinic	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	137	Opioid Treatment Program	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	138	Office Based Opioid Treatment	Both	No	Yes	No	No	No	No



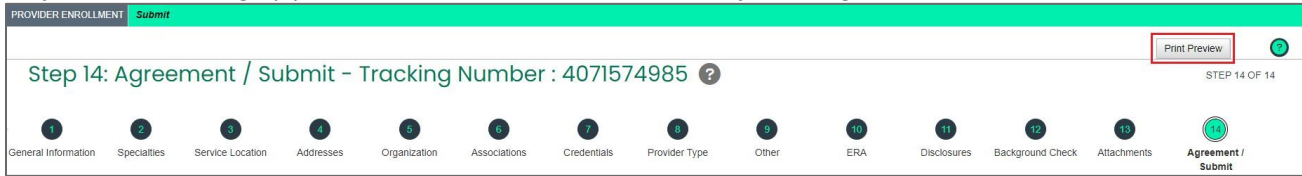
456	Behavioral Health Clinic and Services	141	Behavioral Health Clinic	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	900	Case Management - Mental Health	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	901	Functional Family Therapy	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	902	Community Stabilization	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	903	Applied Behavioral Analysis (ABA)	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	904	Assertive Community Treatment (ACT)	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	905	Intensive In Home	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	906	Mental Health Skill Building	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	907	One on One Supports in Residential	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	908	Peer Support Services	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	909	Psychosocial Rehabilitation Services	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	910	Independent Assessment, Certification and Coordination Team (IACCT)	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	911	Independent Assessment, Certification and Coordination Team (IACCT) - Follow up - Assessment	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	912	Therapeutic Day Treatment for Children	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	913	Mental Health Partial Hospitalization (MH-PHP)	Both	No	Yes	No	No	No	No



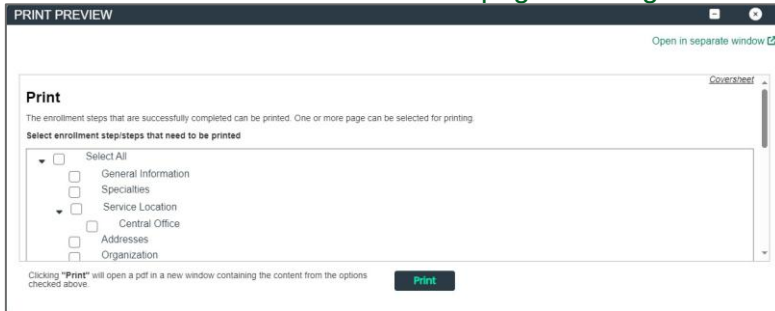
456	Behavioral Health Clinic and Services	914	ARTS - Substance Abuse - Case Management	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	915	ARTS - Alcohol/SA Services Intensive OP Services	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	916	ARTS - Alcohol/SA Services Individual Peer Support	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	917	ARTS - Alcohol/SA Services Group Peer Support	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	918	ARTS - ASAM 2.5 Partial Hospitalization Services	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	919	Mental Health Intensive Outpatient Services	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	920	Mobile Crisis Response	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	921	23-Hour Crisis Stabilization	Both	No	Yes	No	No	No	No
456	Behavioral Health Clinic and Services	922	Multisystemic Therapy (MST)	Both	No	Yes	No	No	No	No
700	Meals	700	Meals	MCO Only	No	Yes	No	No	No	No
700	Meals	701	Home Delivered	MCO Only	No	Yes	No	No	No	No
701	Lodging	702	Lodging	MCO Only	No	Yes	No	No	No	No
703	Blood Bank	703	Blood Bank	MCO Only	No	Yes	No	No	No	No
704	Eye Bank	704	Eye Bank	MCO Only	No	Yes	No	No	No	No
990	Group Practice	990	Single and Multi-Specialty Group	Both	No	No	Yes	No	No	No

Printing the Enrollment Application

Any completed page(s) of the application can be printed by clicking the **Print Preview**.



1. Scroll and check sections and pages to be generated for the print preview.



NOTE: Enrollment PDF/pages are generated in the language selected during enrollment when more than one is offered. Additionally, because of Group Associations grid size considerations, Zip Code, Effective Date, and End Date columns are not included.

Specialties

The enrollment application presents a list of specialties and taxonomies Provider Type selected on the General page. The list may also be constrained based on the programs selected, as some specialties may not be eligible to participate in Fee For Service or an MCO Program.

1. Click **Add New Specialty** to add a specialty.

The screenshot shows the 'Specialties' page with a header and a sub-header. Below the sub-header, there is a message: 'The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.' Underneath, the 'Provider Type' is set to 'Physician'. At the bottom of the page, there is a green button labeled 'Add New Specialty'.

NOTE: You can enter multiple specialties but must select one as the primary.

2. Select a Specialty from the drop-down list, then select a Taxonomy from those allowed for that specialty.

The screenshot shows the 'New Specialty' dialog box. It has a 'Make Primary' checkbox which is checked. There are two dropdown menus: 'Specialty' and 'Taxonomy'. The 'Specialty' dropdown is open, showing a list of options including 310-Allergist, 311-Anesthesiologist, 312-Cardiologist, 313-Cardiovascular Surgeon, 314-Dermatologist, and 315-Emergency Medicine Practitioner. The 'Taxonomy' dropdown is also open, showing 'select a value...'. At the bottom right, there are 'Cancel' and 'Save' buttons.

3. Click **Save**.

The screenshot shows the 'Specialties' page after saving. It displays three specialty cards. The first card is labeled 'Primary Specialty' and '319 - General Surgeon' with taxonomy '208600000X-Surgery Physician' and an effective date of '01/01/2020'. The second card is labeled 'Specialty' and '331 - Orthopedic Surgeon' with taxonomy '207XP3100X-Pediatric Orthopaedic Surgery Physician' and an effective date of '01/01/2000'. The third card is labeled 'Specialty' and '336 - Physical Medicine and Rehabilitation Practitioner' with taxonomy '208100000X-Physical Medicine & Rehabilitation Physician' and an effective date of '01/01/2022'. Each card has edit and delete icons. At the bottom right, there is a blue link labeled 'Add New Specialty'.

Tip! Use the Edit icon to change information, Delete icon to remove a specialty, or click the **Add New Specialty** links to create other specialties.

NOTE: Review of the Provider and Specialty Type requirements are recommended to avoid enrollment application being returned for correction or denial.

- All taxonomies under which services are rendered and billed must be included in the application. Use the Additional Taxonomy panel (when available) to add taxonomies as needed.
- Users will not be allowed to save and continue until a primary specialty is selected.

Service Location Information

Enter the service location address and all other associated information related to the service location. The service location address is collected for Individual, Facility, Atypical, Group, and Ordering Prescribing & Rendering enrollment types.

- Providers enrolling as Individuals within a Group are not prompted for service location address because the system defaults to information provided by the group. However, other applicable details service address information is collected.
- Individuals within a Group providers can enter multiple 14-digit service location details for a Group.
- Some providers may enter more than one service location per application according to the specific provider and specialty type.
- Service Address Information is available to the public.

Complete the following steps on the Service Location page to capture the service location address and all related information.

1. Click **Create New** to enter a new service location address and details.

The screenshot shows a 'Service Location' table with the following data:

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
Main	W MAIN ST		LANSING	Michigan	x	

Buttons: Cancel, Previous, Save and Continue, Create New.

2. Enter required address information.

The 'NEW SERVICE LOCATION' form includes the following fields:

- Make Primary
- * Location Name** (text input)
- Contact Information**
 - * Last Name** (text input)
 - * First Name** (text input)
 - Middle Name (text input)
 - Suffix (text input)
- * Address Line 1** (text input)
- Address Line 2 (text input)
- * City** (text input)
- * State** (dropdown menu)
- * ZIP Code/ Pos...** (text input)
- Location Code (dropdown menu)
- County (dropdown menu)
- * Country** (dropdown menu, currently showing UNITED STA...)
- Email (text input)
- Confirm Email (text input)

3. Complete one of the following actions to select an address on the Address Verification Results window:
 - Double-click on an address listed in Address Suggestions.
 - Click **Cancel** to accept the originally entered address.

NOTE: Some providers and specialty types may require additional service location details.

ADDRESS VERIFICATION RESULTS

ORIGINAL ADDRESS ENTERED FOR LOCATION NAME MAIN

The original entered address has processed through address standardization and it may be undeliverable. You may select the suggested address OR you may continue with the original address by selecting the Cancel button below.

Address Line 1: 200 Main | Address Line 2: | City: Lansing | State: Michigan | Country: UNITED STATES | ZIP Code/ Postal Code: 48910-0000

ADDRESS SUGGESTIONS

Number	Street	City	County	State	Country	ZIP Code
	W MAIN ST	LANSING	EATON	MI	UNITED STATES	48917

Cancel

4. Click **Create New** to add a phone number, then provide Hours of Operation information.

Phone Number

At least one Phone Number must be provided.

Create New

Phone Type	Telephone Number	Telephone Number Extension	Edit
There are no records found.			

Service Address Information

NOTE: Hours of Operation may be required for some provider types. Click **Create New** to add details when needed. Fields may be pre-populated when revalidating enrollments.

Please enter your service location hours of operation

At least one record is required

Hours of Operation

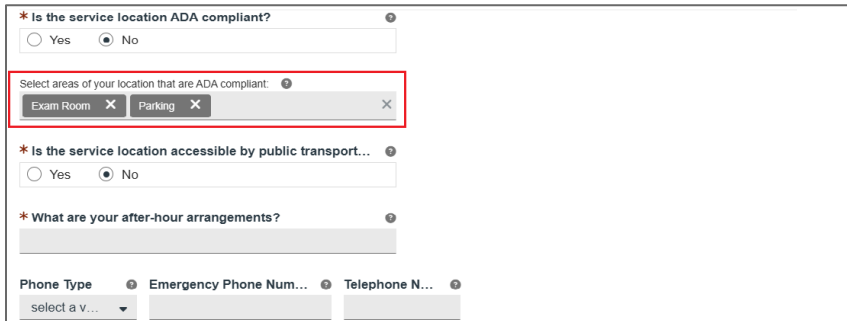
Create New

Day	From Hour	To Hour	Edit
There are no records found.			

5. Americans with Disabilities Act (ADA) Compliance.

- If applicable, provide the following additional information for the practice location.

NOTE: This information includes details about service assistance providers and based on configuration, may include indication of ADA compliance. In the following example, **Exam Room** and **Parking** are listed as ADA compliant.



* Is the service location ADA compliant?

Yes No

Select areas of your location that are ADA compliant:

Exam Room X Parking X

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

Yes No

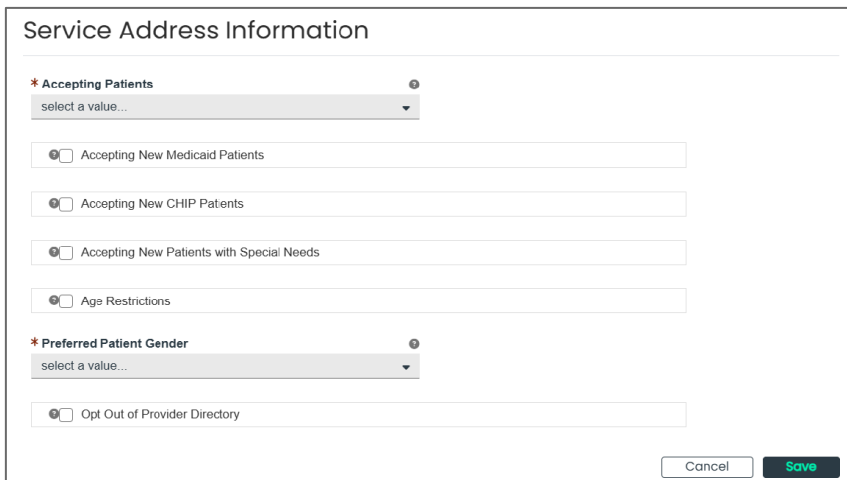
* What are your after-hour arrangements?

Phone Type Emergency Phone Num... Telephone N...

select a v...

6. Accepting Patient Information.

- Complete the Service Address Information and select appropriate boxes specifying types of new patients your location accepts.
 - New Medicaid Patients
 - New Children's Health Insurance Program (CHIP) Patients
 - Accepting New Patients with Special Needs
 - Any age or gender restrictions



Service Address Information

* Accepting Patients

Accepting New Medicaid Patients

Accepting New CHIP Patents

Accepting New Patients with Special Needs

Age Restrictions

* Preferred Patient Gender

Opt Out of Provider Directory

Cancel Save

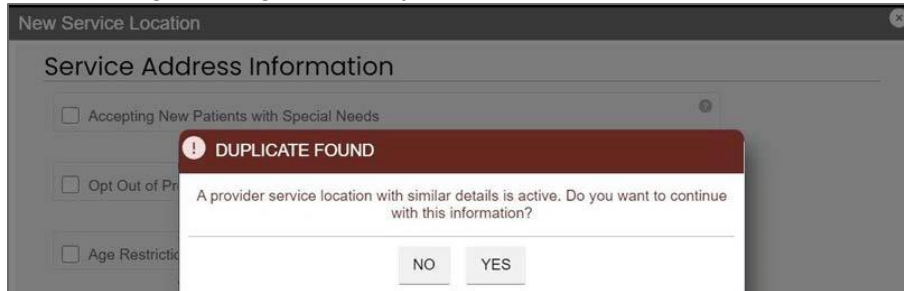
7. Click **Save**.

Potential Duplicate Service Location

Based on provider enrollment information, the Duplicate Found message may be displayed. Key details such as Provider, Specialty, Services Address, NPI, EIN/SSN are used to match an enrollment application already submitted but not yet finalized, or if the provider is already enrolled and active provider.

To continue to the next page with entered details, the provider must click **YES** in the popup or **NO** to stay on the same page and make changes. If **YES** is selected, then after the enrollment is approved, a new service location is added for the matched provider.

The warning message is displayed on the Service Location and Submit pages.



Additional duplicate-related messages in the following table may also be displayed.

The Message...	Appears on the...	When...
A duplicate application with the same details has been submitted with ATN (0). Do you want to continue with this information?	General page for an IG (Individual within a Group) enrollment and for Individual, Facility, OPR, Group, and Atypical enrollment types if ZIP Code is not used in criteria to match possible duplicate enrollment applications for any of these enrollment types	a match is made to an in-process enrollment application.
	Service Location page for Individual, Facility, OPR, Group, and Atypical enrollment types when ZIP Code is used to match possible duplicate enrollment applications	a match is made to an in-process enrollment application.
A provider 14-digit service location with similar details is active. Do you want to continue with this information?	Service Location page for Individual, Facility, OPR, Group, and Atypical enrollment types when ZIP Code is used in criteria to match possible duplicate provider locations, otherwise the message appears on the General page	a match is made to an existing active provider location.
A provider with similar details is already associated with a group. Do you want to continue with this information?	General page	an active IG provider with matching details already exists.

Other Addresses

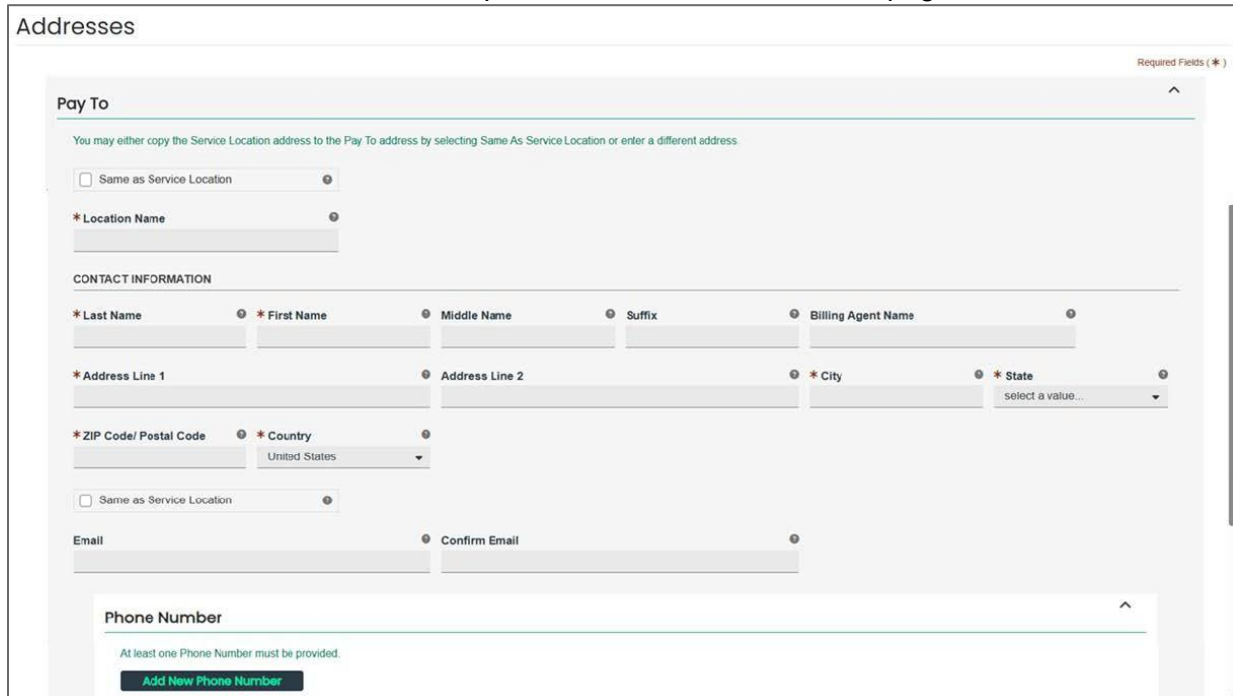
The application supports multiple address types apart from the service location address. Mail To and Pay To address information is required for the following enrollment types:

- Individual
- Atypical
- Group
- Facility

Providers enrolling as Individuals within a Group are not prompted for address information because the system defaults to information provided by the group.

Ordering, Prescribing, and Referring (OPR) enrollments require Mail To addresses only apart from the service location address, as no payments are made to OPR providers.

The service location address entered on the Service Location page can be copied to the Pay To and Mail To panels, as applicable. Fields are grayed out and prepopulated upon checking the Same as Service Location box as fields are copied from the Service Location page.



The screenshot shows a web form titled "Addresses" with a sub-section for "Pay To". At the top right of the form area, it says "Required Fields (*)". Below the "Pay To" header, there is a note: "You may either copy the Service Location address to the Pay To address by selecting Same As Service Location or enter a different address." There is a checkbox labeled "Same as Service Location". Below this is a field for "* Location Name". A section titled "CONTACT INFORMATION" contains several fields: "* Last Name", "* First Name", "Middle Name", "Suffix", and "Billing Agent Name". Below these are "Address Line 1", "Address Line 2", "* City", and "* State" (with a dropdown menu showing "select a value..."). Further down are "* ZIP Code/ Postal Code" and "* Country" (with a dropdown menu showing "United States"). There is another "Same as Service Location" checkbox. Below that are "Email" and "Confirm Email" fields. At the bottom, there is a "Phone Number" section with a note "At least one Phone Number must be provided." and an "Add New Phone Number" button.

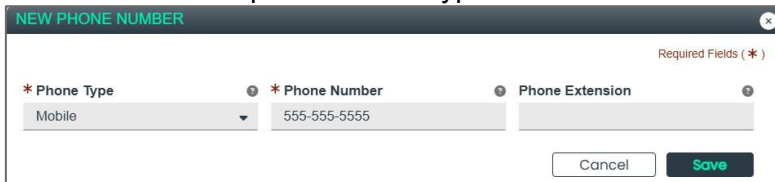
Addresses are checked against US Postal Service records. When the system finds a more complete address, an address option from the following table displays. Double-click the option presented to continue. If the address is not presented or does not match, it can be overridden.

Option	This is used...
IRS	Address on W-9, SS-4, or other IRS documentation.

Option	This is used...
Remit To	to have Explanation of Benefit (EOB) information sent to an address different than the Pay To address if configured to do so.
Doing Business As	if the enrollment team has questions specific to Doing Business As information provided earlier in the application. Presentation of this address type depends on configuration.

Phone Numbers

Phone number information must be provided on the Addresses page. Click **Add New Phone Number** to add required Phone Type and Phone Number.



After saving, provided details display in a "card" on the Phone Number panel.



Tip! Use the Edit icon to change displayed information, Delete icon to remove phone information, or click the **Add New Phone Number** link to add another phone number.

Organization

Use the Organization page to provide the information about your organization.

Organization Required Fields (*)

Organizational Details

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

* **Organization Type**

* **Tax Classification**

Entities doing business in the State, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Secretary of State. For more information on the registration process, please go to the Secretary of State website at <https://www.gainwelltechnologies.com/healthcare/>

<input checked="" type="checkbox"/> Registered with Secretary Of State	<input type="text" value="01/01/2020"/>
<input checked="" type="checkbox"/> Incorporated	<input type="text" value="01/01/2020"/>
<input checked="" type="checkbox"/> Chain Affiliated	
<input checked="" type="checkbox"/> Operated by Management Company	
<input checked="" type="checkbox"/> Domestic Owned Corporation	
<input checked="" type="checkbox"/> Foreign Owned Corporation	

Associations

The Associations page displays an Association panel for Facility, Group enrollment types, Individual within a Group and OPR Providers. Associations are only permitted with enrolled, active providers.

The following associations are allowed:

- Facilities and OPR providers can be associated.
- Groups and Individual within a Group providers can be associated.
- The following associations are not allowed:

NOTE: Enrollment, Provider Type and Specialty to determine if association information is required.

Group Associations

Group and Individuals within a Group can be associated and will present the Association step with the on the Associations panel. Individuals within a Group must associate to a 14-digit SL ID at time of enrollment. The Individual Association list displays details about the individuals so the enrolling provider can view the providers being associated in the enrollment. These details include:

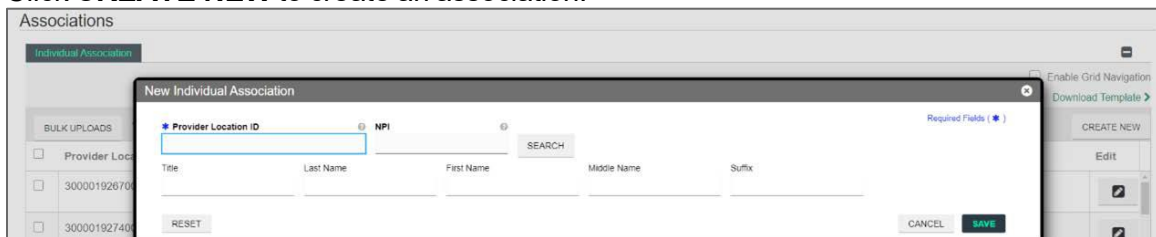
- Provider Location ID
- Provider Name (First, Middle, and Last)
- Effective Date for this association (depending on state’s configuration)
- End Date for this association (may not be presented in new enrollments depending on the state’s configuration; always presented for Revalidation and prepopulated Re-enrollments)

Facility/Organization Associations

Facility/Organizations and Ordering, Prescribing, and Referring enrolled provider can be associated and will present the Association step with the on the Associations panel. Individuals within a Group must associate to a 14-digit SL ID at time of enrollment. The Individual Association list displays details about the individuals so the enrolling provider can view the providers being associated in the enrollment. These details include:

- Provider Location ID
- Provider Name (First, Middle, and Last)
- Effective Date for this association (depending on state’s configuration)
- End Date for this association (may not be presented in new enrollments depending on the state’s configuration; always presented for Revalidation and prepopulated Re-enrollments)

1. Click **CREATE NEW** to create an association.



2. Select Provider Location ID or NPI and click **SEARCH**. If an exact match exists, the fields will be populated.

3. Search by Provider Location ID or NPI and click a Search Result row.

Tip! You can use a “starts with” search if the exact location ID is unknown.

NPI	Provider Location ID	Last Name	First Name
2330940497	30000234890001	Azure test	OPR 01 DEC
2330940497	30000234890002	Azure test	OPR 01 DEC

4. Select the desired record from the search results, search again, or click **CANCEL**. The selected provider’s location populates the panel.

5. If your state requires Effective and End Dates, enter the Effective (or start) Date of the association; first date of the relationship between providers. If there is no known end date, select a distant future date (e.g., 12/31/9999).

6. Click **SAVE**. The new association is added to the Associations list.

Association grids allow paging, sorting, and filtering of associated providers by Provider Location ID and Names columns. Exporting all records in the list to Excel or PDF is also possible.

Provider Location ID	First Name	Middle Name	Last Name	Effective Date	End Date	Edit
30000192670004	Hilary		Duister	3/31/2022	3/31/9999	[Edit]
30000192740003	TesterF	TesterM	TesterL	3/31/2022	3/31/9999	[Edit]
30000192740007	TesterF	TesterM	TesterL	3/31/2022	3/31/9999	[Edit]

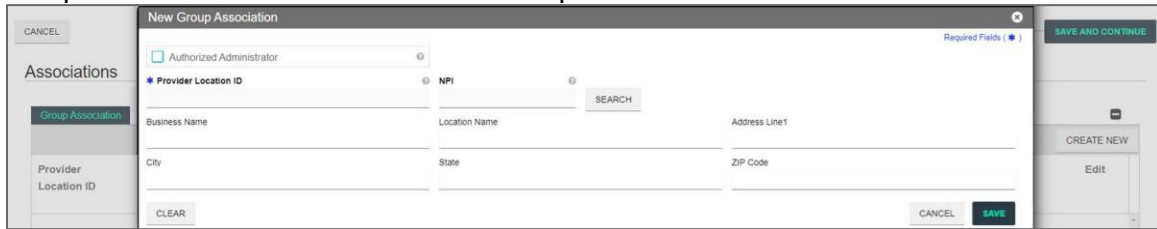
NOTE: The number of records displayed per page can be selected from the drop-down.

Group/Facility Association – Authorized Administrator

If available, an Individual in a Group or OPR provider can grant access to one of the associated Group/Facility providers to allow access and management of IG/OPR provider data in the External Portal as an Authorized Administrator. A column displays on the page identifying the role.

Complete the following steps to designate a group or facility as an Authorized Administrator when adding an association:

1. Click **CREATE NEW** on the Associations page, then check the Authorized Administrator box and provide other details for the New Group Association.



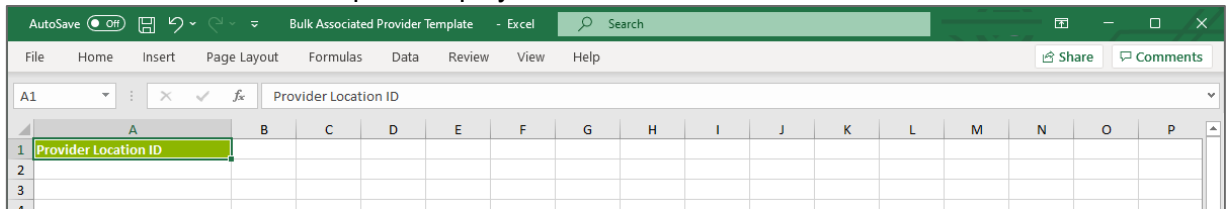
Associations Bulk Updates

Providers may upload many Associations for Group and Facility enrollment types by using the Microsoft Excel template available for download.

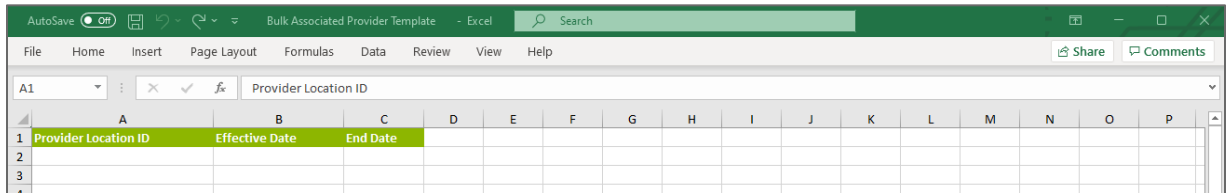
1. Click **Download Template** on the Associations page.



The downloaded Excel template displays a Provider Location ID column.



Based on configuration, Effective Date and End Date columns may also be present in the Excel file. Dates should be entered in MM/DD/YYYY format.



2. Enter Provider Location IDs, and Effective and End Date if applicable, then save the Excel template.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Provider Location ID															
2	30000195240001															
3	30000199680002															
4	30000199460002															
5	30000199460003															
6	30000199460004															
7	30000199460006															

3. Click **BULK UPLOADS** on the Associations page.

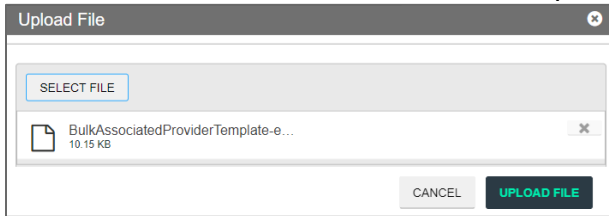
Associations

Individual Association Download Template

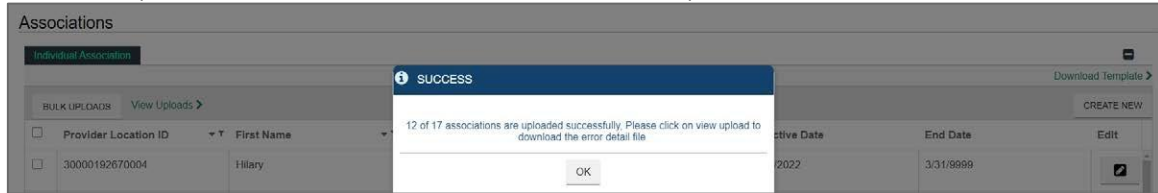
BULK UPLOADS View Uploads CREATE NEW

<input type="checkbox"/>	Provider Location ID	First Name	Middle Name	Last Name	Effective Date	End Date	Edit
--------------------------	----------------------	------------	-------------	-----------	----------------	----------	------

- Click **SELECT FILE** to select the Excel template to upload, then click **UPLOAD FILE**.



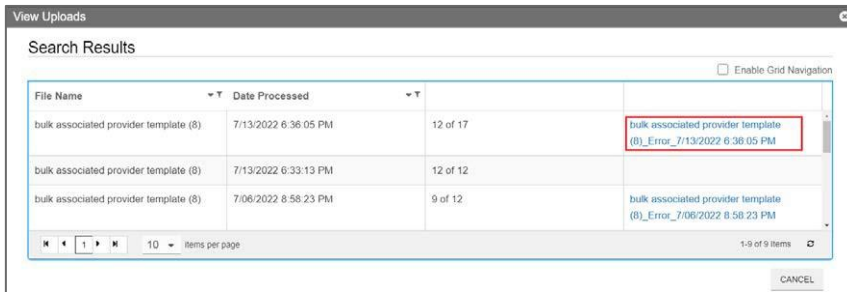
- Click **OK** when the success message displays indicating that '**N** out of **NNN** records were uploaded (where **N** indicates number of associations).



- Click **View Uploads** to download a file of Provider Location IDs that errored out.

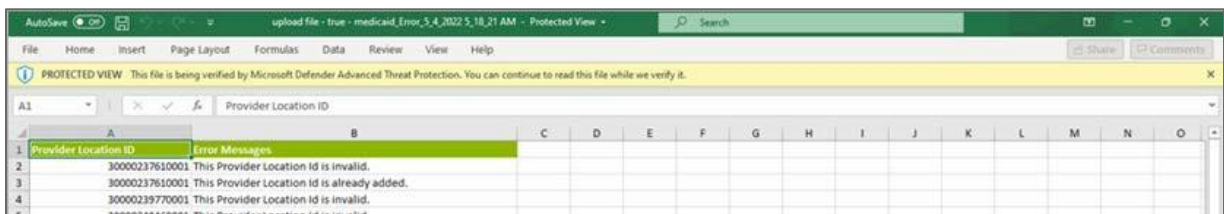


- Click a link in the Error File Name column to download and review records that errored out.

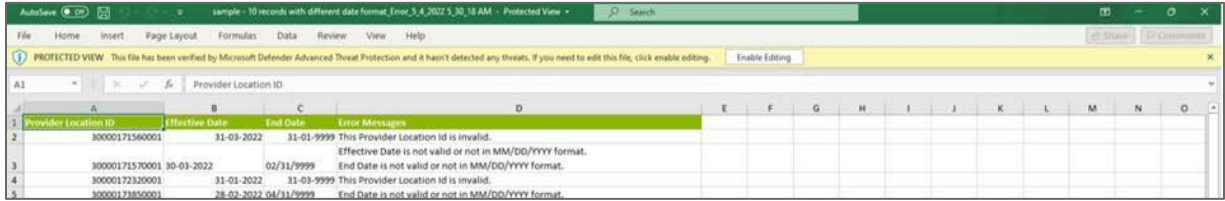


- Review the list of error messages.

NOTE: File Name is displayed in FileName_Error_DateTimeStamp format.



The following example shows errors displayed on the Excel template with Effective and End Date columns.



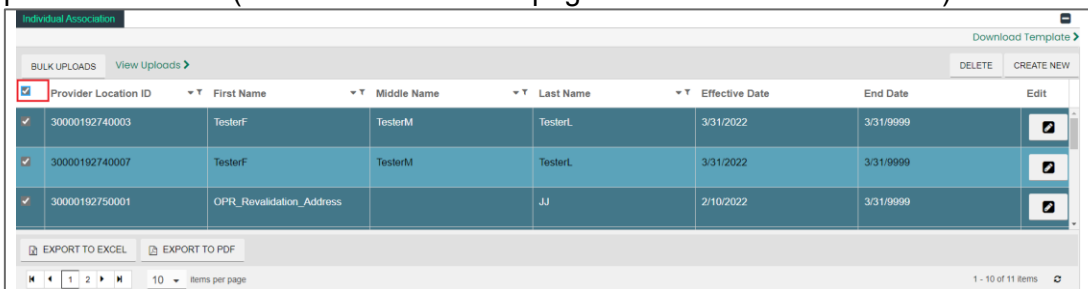
9. Correct records on the Excel template, then save and re-upload the file.

Deleting Association Records

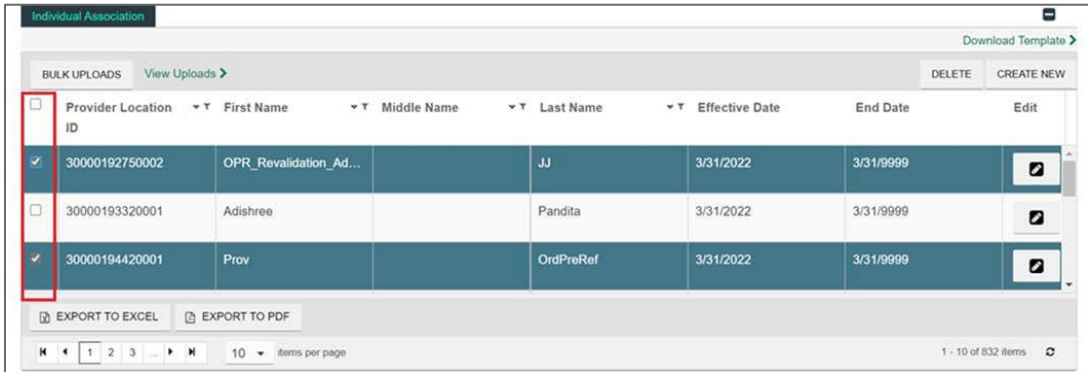
You can delete an individual record, or all records as needed.

1. Take one of the following actions on the Individual Association panel:

- Check the Select All box besides Provider Location ID to select all associated provider records. (All records across the pages are selected for deletion.)

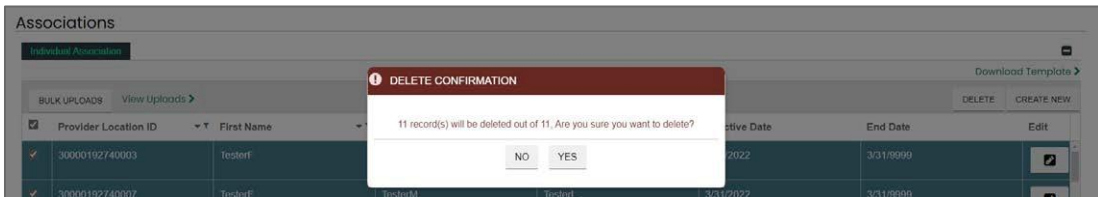


- Check the box beside individual records to select.

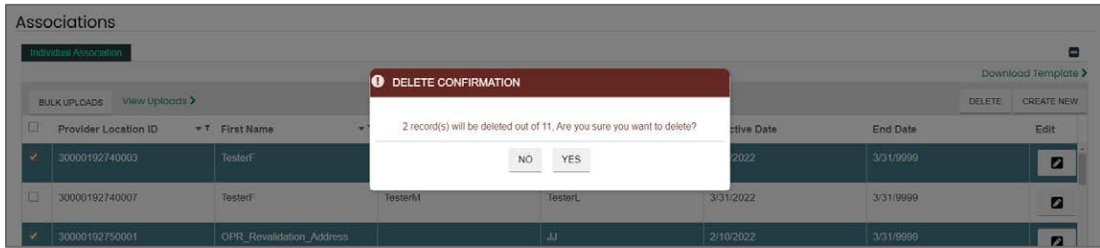


2. Click **DELETE**, then **YES** on the Delete Confirmation message, which displays a message like either of the below examples:

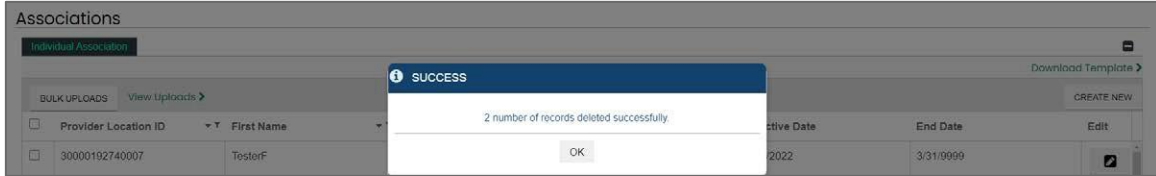
- All records



- Selected individual records



3. Click **OK** to acknowledge the Success message.



Create Associations

The Association grid requires an Individual Within a Group provider to identify one or more groups with which the provider is associated. It can be an individual location, multiple locations for the same group, or locations for two or more groups. This grid also applies to OPRs associating facilities. The grid allows the paging, sorting, and filtering of associated groups on the Provider Location ID and Names columns. Individuals may associate to groups if the state’s rules allow. Individual association to a group result in both Individual and Individual within a Group provider location if the enrollment application is approved.

The Group Association list displays details about group or facility locations so the enrolling provider can see the associations being selected for this enrollment. These details include:

- Provider Location ID
- Business Name
- Location Name
- Service address: Address Line 1, City, State, and ZIP Code.
- Authorized Administrator selection for this association
- Effective Date for this association (depending on state’s configuration)
- End Date for this association (depending on state’s configuration; End Date is always available for Revalidations and prepopulated Re-enrollments)

NOTE: If multiple service locations are added on the application, the Associations page does not display.

1. Click **CREATE NEW** to create an association.

The screenshot shows a table titled "Associations" with columns: Provider Location ID, Business Name, Location Name, Address Line1, City, State, ZIP Code/Postal Code, Effective Date, End Date, and Edit. The table is currently empty, displaying "There are no records found." Below the table are buttons for "EXPORT TO EXCEL" and "EXPORT TO PDF", a pagination control showing "10 items per page", and a "No items to display" message. A "CREATE NEW" button is located in the top right corner of the table area.

2. Select Provider Location ID or NPI and click **SEARCH**. If an exact match exists, the fields will be populated.

The screenshot shows the "New Group Association" form. It has input fields for "Provider Location ID" and "NPI", with a "SEARCH" button next to the NPI field. Below these are fields for "Business Name", "Location Name", "Address Line1", "City", "State", and "ZIP Code". There are "CLEAR", "CANCEL", and "SAVE" buttons at the bottom.

3. Search by Service Location ID or NPI and click the search result.

Tip! A “starts with” search can be used if the exact location ID is not known.

The first screenshot shows the "Search Criteria" section with a dropdown menu for "Search By" open, showing options: "select a value...", "select a value...", "NPI", and "Service Location ID". The "SEARCH" button is visible.

The second screenshot shows "Search By" set to "Service Location ID" and the "Provider Location ID" field populated with a value. The "SEARCH" button is highlighted.

The third screenshot shows the search results. The "Search By" is "Service Location ID" and the "Provider Location ID" is "300006". Below is a table of search results:

NPI	Provider Location ID	Business Name	Address Line1	City	State	ZIP Code
6368850965	30000600150001	DentistLName	100 N MAIN ST	HOPEWELL	Virginia	238602719
6928348708	30000600160001	MHLName	100 N MAIN ST	HOPEWELL	Virginia	238602719
2935104192	30000600170001	MLPLName	100 N MAIN ST	HOPEWELL	Virginia	238602719
8498746964	30000600180001	MHLName	100 N MAIN ST	HOPEWELL	Virginia	238602719

At the bottom of the results table, it says "1-10 of 381 items".

- Select the desired record from the search results, search again, or click **CANCEL**.

NOTE: Associations are limited to providers currently enrolled in the program. If the information entered for providers is not found to have an active Provider ID, an error message displays indicating the Provider number is not valid.

- Review and confirm that displayed name fields are for the expected provider, then if your state requires Effective and End dates, enter the Effective (or start) Date of the association; first date of the relationship between providers. If there is no known end date, select a distant future date (e.g., 12/31/9999).
- Click **SAVE**. The new association is added to the Associations list.

NOTE: Associations can be made during the enrollment process or after the process is successfully completed, but associations must exist before services for a rendering provider can be billed. Providers enrolling as Individual within a Group must associate with at least one group to submit the application.

Saved records display on the grid. **EXPORT TO EXCEL** and **EXPORT TO PDF** options are provided on the Association page. These enable providers to export associations to Excel and PDF.

Provider Location ID	Business Name	Location Name	Address Line1	City	State	ZIP Code/Postal Code	Effective Date	End Date	Edit
30000600150001	DentistLName	Loc	100 N MAIN ST	HOPEWELL	Virginia	238602719	1/01/2020	12/31/9999	
30000600160001	MHLName	Loc	100 N MAIN ST	HOPEWELL	Virginia	238602719	1/01/2020	12/31/9999	

NOTE: Only saved data is included when you click **EXPORT TO EXCEL** or **EXPORT TO PDF**. Unsaved data is **not** included. These buttons are only enabled when records exist in the list and are grayed out when there are no saved records listed.



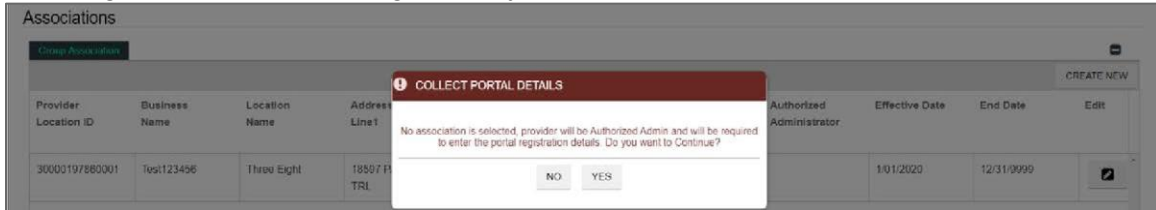
On Export To Excel, Export To PDF, and PDF reports printed via the Enrollment Application, only the End Date field displays.

NOTE: Display of Effective and End Date fields is based on configuration for New Enrollments, Revalidations, and Re-Enrollments. Export To Excel and Export To PDF reports only display the End Date.

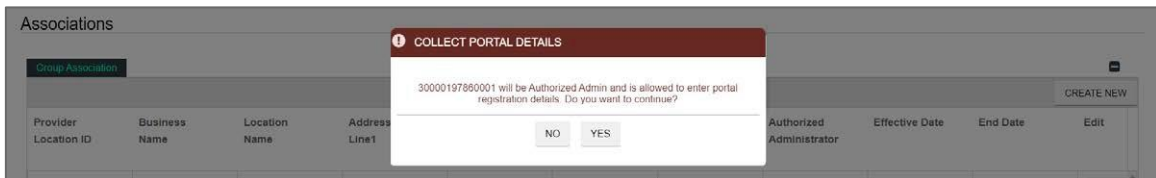
Multiple Associations can be added but only one can be designated as the Authorized Administrator. A message displays with the provider’s location ID of the Authorized Administrator.

2. Click **SAVE**.

If no Authorized Administrator is selected and Provider Portal registration is enabled, the following informational message displays:

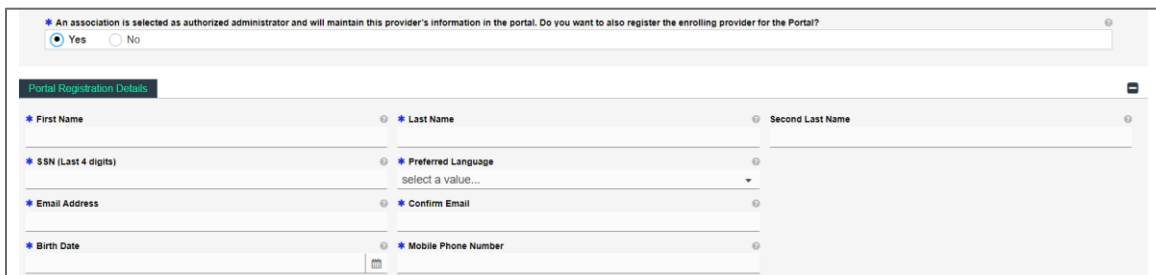


If an Authorized Administrator is selected, the following message displays to confirm the selection:



3. Click on **YES** to continue with this Group as the administrator or **NO** to make changes.

Tip! If you select **YES**, it is still possible to register for the Provider Portal on the Submit page.



V Credentials

Credentials Page Introduction

Use the Credentials page to enter all relevant licensure and Medicare participation information.

NOTE: PRSS uses Provider Type and Specialty to determine required credentials. If Provider Type and Specialty require no information on the page, it is not displayed. If **Yes** was selected for the Medicare participation question on the General page, Medicare Participation details are required.

Degree

Use the Degree panel on the Credentials page to enter related educational details, click **Add New Degree** as appropriate.

The screenshot shows the 'Credentials' page with a 'Degree' panel. The panel has a title 'Degree' and an 'Add New Degree' button. A 'Required Fields (*)' label is visible in the top right corner of the panel.

Complete the required fields and click **Save**.

The screenshot shows the 'NEW DEGREE' modal form. It has three required fields: '* Degree', '* School', and '* Year Of Graduation'. Each field has a dropdown arrow. There are 'Cancel' and 'Save' buttons at the bottom. A 'Required Fields (*)' label is in the top right corner.

After saving, provided details display in a "card" on the Degree panel.

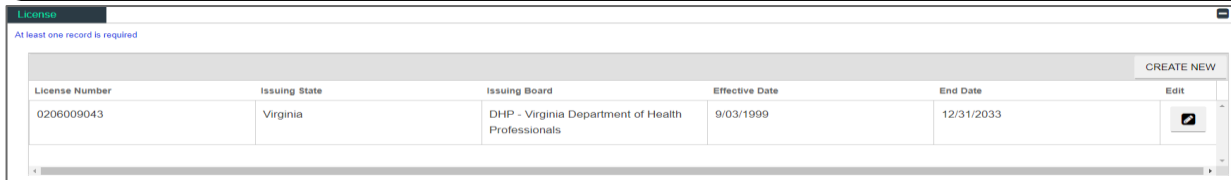
The screenshot shows the 'Degree' panel with a card for 'MD University of Michigan'. The card displays 'MD University of Michigan' and '2021'. There are edit and delete icons on the card. Below the card is an 'Add New Degree' link.


Tip! Use the Edit icon to change displayed information, Delete icon to remove a degree, or click the **Add New Degree** link to add another degree.

License

License or Certification are required by provider type and specialty to hold a license in good standing in the same state as the location where services are rendered.

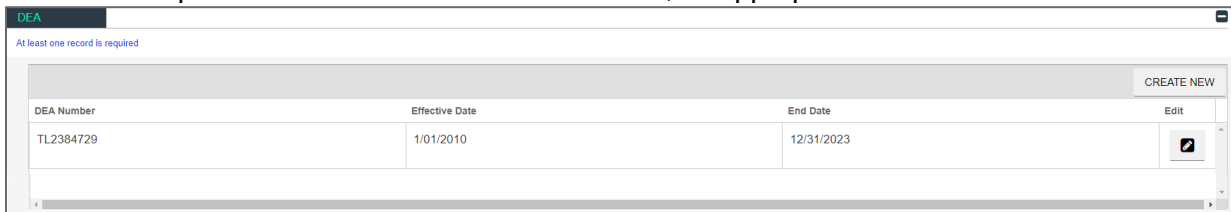
- You must enter accurate license or certification information including current effective and end date of license.
 - If your license information is inaccurate, it may delay your enrollment.
- License information is validated through a screening and manual process with public, state, and federal entities.
- If License lapses at any time or revoked or suspended your eligibility with one or more Virginia Medicaid Programs will be terminated.
 - If approved for enrollment it is the provider's responsibility to submit and maintain the updated license prior to the end date of the current license on the provider file.
 - If this information is not received prior to the end date in PRSS, your provider record may risk termination, and a re-enrollment will be required.




License Number	Issuing State	Issuing Board	Effective Date	End Date	Edit
0206009043	Virginia	DHP - Virginia Department of Health Professionals	9/03/1999	12/31/2033	

DEA

Use the DEA panel to enter DEA license information, as appropriate.



DEA Number	Effective Date	End Date	Edit
TL2384729	1/01/2010	12/31/2023	

Medicare

Some provider types and specialties require Medicare participation.

1. Click the pencil icon and add Medicare Number, Type, Effective Date, and End Date.
2. Check the Consider for Medicare Crossover box to automatically send claims from Medicare to Medicaid.

The screenshot shows a table titled "Medicare Participation" with a header row containing "Medicare Number", "Medicare Type", "Effective Date", "End Date", "Consider for Medicare Crossover Claims", and "Edit". A "Create New" button is located in the top right corner. A message above the table states "At least one record is required".

3. Click **CREATE NEW** to add any additional assigned Medicare numbers.

NOTE: If you answered **No** to the Enrolled in Medicare question on the General page and added a Medicare Participation record, you receive a message to confirm the response will be changed to **Yes**.

Medicaid

Providers can add details about any other state Medicaid program in which they are actively enrolled. Click **CREATE NEW** to add each new entry.

The screenshot shows a form titled "Medicaid Program". It includes a question: "Are you enrolled in other state Medicaid programs? If so, please indicate which states." with radio buttons for "Yes" (selected) and "No". Below the question is a text input field. At the bottom, there is a table with columns for "Program", "State", "Effective Date", "End Date", and "Edit". A "CREATE NEW" button is located in the top right corner of the table area.

VI Provider Type

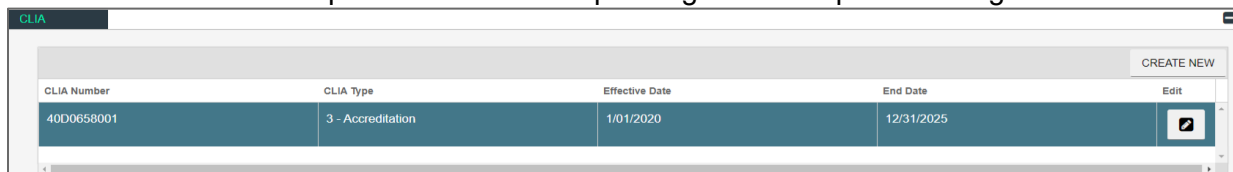
Overview


PRSS uses Provider Type and Specialty specific requirements to determine which credentials are required.

NOTE: If Provider type and specialty combination does not require any of the information on this page, the Provider Type page is not included in the application.

CLIA (Certified Laboratory Improvement Amendments)

Providers who bill laboratory services must submit CLIA information. Click **CREATE NEW** and list all current CLIAs assigned to the NPI. When CLIA information is submitted in this panel, a valid CLIA certificate becomes a required attachment depending on state-specific configurations.



CLIA Number	CLIA Type	Effective Date	End Date	Edit
40D0658001	3 - Accreditation	1/01/2020	12/31/2025	

Bed Information

Hospitals, Skilled Nursing, and Intermediate Care facilities may be required to enter information about the type and number of available beds. To add that information:

1. Click **CREATE NEW**.

At least one record is required

Bed Type	Number Of Beds	Effective Date	End Date	Edit
Emergency Room Beds	20	1/01/2020	12/31/9999	
General Beds (medical/surgical/obstetrical)	100	1/01/2020	12/31/9999	
Psychiatric Beds	10	1/01/2021	12/31/9999	

2. Add one entry for each bed type on the New Bed Information window.

NOTE: When end dates are unknown, enter **12/31/9999**. Same Bed Type records with overlapping dates are not permitted. The following message displays if you attempt to add a record where dates overlap an existing record.

New Bed Information

Resolve the following form field errors and try again
Bed information records are not allowing overlapping dates for the same Bed Type.

Required Fields (*)

* Bed Type: Emergency Room Beds
* Number Of Beds: 100
* Effective Date: 05/01/2022
* End Date: 12/31/2022

CANCEL SAVE

VII Other Page

Introduction

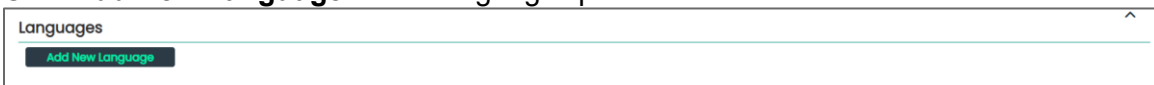
PRSS uses Provider Type and Specialty to determine required credentials on the Other page.

NOTE: When a Provider Type and Specialty combination does not require Languages or Malpractice information, these questions are not included in the application.

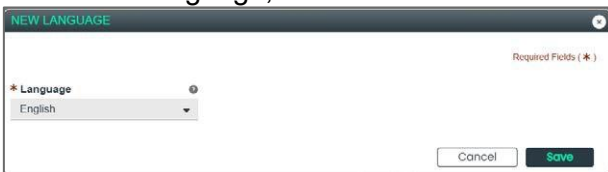
Languages

Complete the following steps to identify languages spoken at the service location.

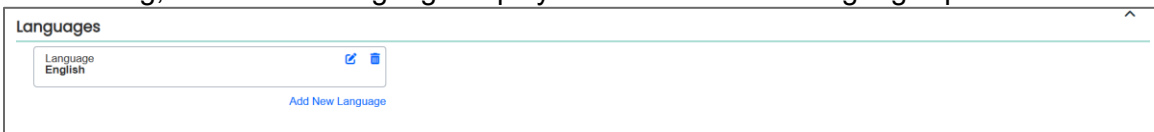
1. Click **Add New Language** in the Languages panel.



2. Select the Language, then click **Save**.



After saving, the selected language displays in a "card" on the Languages panel.

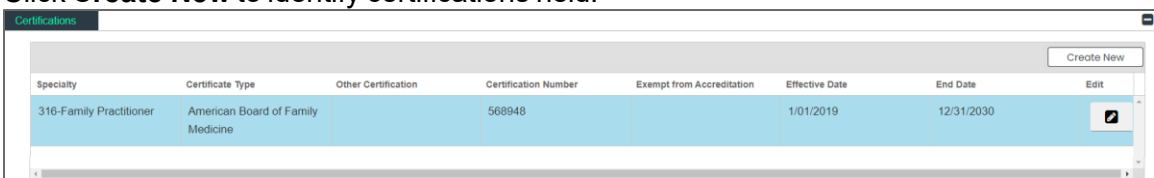


Tip! Use the Edit icon to select a different language, Delete icon to remove the selected language, or the **Add New Language** link to add another language.

Certifications

Complete the following steps to add certification details.

1. Click **Create New** to identify certifications held.



2. Select and enter required details that vary based on the following:
 - Selection of a Specialty with an unchecked Exempt from Accreditation box, causes Certification Type, Certification Number, Effective Date, and End Date to be required.
 - Selection of Certification Type **Other**, causes Other Certification Type to be required.
 - Checking the Exempt from Accreditation box causes **only** the Specialty to be required.

3. Click **Save**.

Facility Accreditations

This panel only displays if applicable for certain Provider type and specialty combinations.

1. Click **Create New** and identify any Long-Term Care (LTC) certifications held, along with required information for each.

Specialty	Certificate Type	Effective Date	End Date	Facility Inspection Date	Edit
035-Skilled Nursing Facility	Skilled nursing	01/01/2000	12/31/2020	04/05/2000	

2. If the facility is accredited, click **Create New** and complete the required information.

3. If the facility is pending accreditation, click **Pending** and provide survey details.

Telehealth Information

Telehealth question displays.

NOTE: The provider website address is optional and may be used in the Provider directory.

Other

Required Fields (*)

Additional Information ^

* Do you offer telehealth services? ⓘ

Yes No

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

Provider Website URL ⓘ



Electronic Claims Submission Participation and Claims Waiver Signature

Virginia Medicaid providers are required to indicate whether they will submit claims by EDI (Electronic Data Interchange or DDE (Direct Data Entry), and whether there are signatures on file.

Electronic Claims Submission Participation

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

Yes No

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

Claims Signature Waiver

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

Yes No

VIII EFT (Electronic Funds Transfer)

EFT Overview

PRSS uses enrollment type to determine if the EFT page displays during the application process.

Virginia Medicaid requires an EFT waiver when EFT information is not provided. In these cases, additional instructions may appear when No is selected, and additional attachments are required.

NOTE: If the enrollment type does not require EFT information or an existing NPI or API has EFT information, the EFT information does not display.

The screenshot shows the 'Step 10: EFT' page in a provider enrollment application. The tracking number is 2901400490. A progress bar at the top indicates 17 steps, with step 10 (EFT) highlighted. Below the progress bar, a 'Cancel' button is on the left, and 'Previous' and 'Save and Continue' buttons are on the right. The main content area contains the following text:

Providers that would like to have their claim payments deposited into a bank account should enter all the fields in the EFT Enrollment Information panel below.
 If claims are to be electronically deposited, then an account should be established using this page within the enrollment application, and all are required. If claims are not to be electronically deposited, then indicate this accordingly and no related EFT fields will be required.

EFT

* Do you wish to enroll for Electronic Funds Transfer?
 Yes No

EFT Waiver Attachment will be required on Attachment page

Buttons: 'Cancel', 'Previous', 'Save and Continue'. A 'Required Fields (*)' indicator is visible on the right.

If a Provider selects **Yes** on the EFT page, the following eight panels are presented to be completed on the enrollment.

This screenshot is identical to the one above, showing the 'Step 10: EFT' page. However, the radio button for 'Yes' is selected, and the 'No' option is unselected. The rest of the page content, including the progress bar, buttons, and explanatory text, remains the same.



Provider Information

Provider Information				
Provider Name	Doing Business As Name			
Medical Supply Inc	Hospital			
PROVIDER ADDRESS				
Address Line 1	Address Line 2			
3000 Hanover St				
City	State	ZIP Code/ Postal Code	Country	
Kansas	Kansas	943041112	UNITED STATES	

Provider Identifier Information

Provider Identifier Information					
Tax Identification Number (TIN / EIN)	National Provider Identifier (NPI)				
•••••-6789	3297577322				
Other Identifier	Assigning Authority	Trading Partner ID	License Number	License Issuer	
	select a value...				
Provider Type					
25 - DME-Medical Supply Dealer					
Provider Taxonomy Code					
332B00000X - Durable Medical Equipment & Medical Supplies					

Provider Contact Information

Provider Contact Information					
Contact Last Name	Contact First Name	Contact Middle Name			
Title					
Telephone Number	Telephone Number Extension	Email Address	Fax Number		



Provider Agent Information

Provider Agent Information ^

Provider Agent Name

PROVIDER AGENT ADDRESS

Address Line 1 Address Line 2

City State ZIP Code/ Postal Code Country

PROVIDER AGENT CONTACT

Agent Contact Last Name Agent Contact First Name Agent Contact Middle Name

Title

Telephone Number Telephone Number Extension Email Address Fax Number

Federal Agency Information

Federal Agency Information ^

Federal Program Agency Name Federal Program Agency Identifier Federal Agency Location Code

Retail Pharmacy Information

Retail Pharmacy Information ^

Pharmacy Name Chain Number Parent Organization ID Payment Center ID

NCPDP Provider ID Number Medicaid Provider Number

Financial Institution Information

Financial Institution Information

* Financial Institution Name
North Central

FINANCIAL INSTITUTION ADDRESS

Address Line 1: 3000 Hanover St Address Line 2:

City: Kansas State: Kansas ZIP Code/ Postal Code: 94304-1112 Country: UNITED STATES Financial Institution Teleph...: 555-555-5555 Telephone Number Extension:

* Financial Institution Routing Number: 111111111 * Type of Account at Financial Institution: Checking * Provider's Account Number with Financial Institution: 222222222

ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER

* Preferred ID
 Tax ID Number NPI

Tax ID Number: ●●●●-6789

Submission

Submission

Reason For Submission: New Enrollment * Include with Enrollment Submission: select a value... Authorized Signature Type: Electronic Signature of Person Submitting Enrollment

* Electronic Signature of Person Submitting Enrollment: T Smith Submission Date: 3/13/2024 Requested EFT Start/Chan...: [calendar icon]

Buttons: Cancel, Previous, Save and Continue

Note: For guidance on updating EFT information, please consult the Provider Portal User Guide.

IX Disclosures

PRSS presents five disclosure forms. OPR and Individual Within Group (IG) enrollments require only a Self-disclosure form. All others require providers to complete each form.

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).

1. Click **Create New** next to each form to open it.

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	New	<input type="button" value="Create New"/>
Sub-Contractor Disclosure	New	<input type="button" value="Create New"/>
Ownership and Control Interest	New	<input type="button" value="Create New"/>
Managing Employees	New	<input type="button" value="Create New"/>
Business Transaction	New	<input type="button" value="Create New"/>

Tip! PRSS does not allow you to **Save and Continue** until every form shows a **Completed** status.

2. To confirm the forms are completed correctly, click once on the disclosure form type, and another window opens that displays disclosure names. The example below displays two completed ownership and control interest forms.

VIEW OWNERSHIP AND CONTROL INTEREST

Disclosure Name Edit

Smith, T	<input type="checkbox"/>
Hospital	<input type="checkbox"/>

3. Click the Edit (pencil) icon to open each form.

Provider Self-Disclosure

Every enrolling and revalidating provider must complete the self-disclosure form in its entirety. Provider Name, Tax ID, and DOB (for individuals) are populated from the General page.

1. Select Yes / No responses to questions as appropriate.

NOTE: Additional required fields display when you respond **Yes** to any question. If any question is not applicable, click **No**.

The screenshot shows the 'NEW PROVIDER SELF DISCLOSURE' form. The 'Title' field is populated with 'Smith' for the last name and 'T' for the first name. The 'Birth Date' is 01/01/1966 and the 'SSN' is partially filled as '***-**-6789'. Under the 'Licensure' section, the first question 'Has any action ever been taken against your license or certification, by any state or certification board in the past 10 years?' has 'Yes' selected. The second question 'Have there been any changes to your license, registration or certification in the past 10 years?' also has 'Yes' selected. The 'Affiliations' section has the question 'Has any action ever been taken against your medical privileges or any other associations, by any hospital, healthcare institution or governing board?' with 'Yes' selected. On the right side of the form, there are several 'Create New' buttons.

2. For responses that require additional details, enter a value in the text field, or click **Create New** where affiliations are required.

This screenshot shows the bottom portion of the 'NEW PROVIDER SELF DISCLOSURE' form. It features three 'Yes/No' questions: 'Have you ever voluntarily withdrawn your privileges based on any action by a hospital, healthcare institution or governing board?', 'Have you ever been terminated or not renewed your enrollment, or subject to any disciplinary action by any healthcare organization?', and 'Do you have or have you ever had an association with another provider who currently has uncollected debt to Medicaid, CHIP, or Medicare?'. Below these questions, a note states 'At least one Affiliation must be provided.' and a table is shown for adding affiliations. The table has columns for 'Legal Name', 'Type Of Relationship', 'Tax ID', 'Effective Date', 'End Date', and 'Edit'. A 'Create New' button is located to the right of the table. On the right side of the form, there are several 'Create New' buttons.

3. Enter the required details for each entity and click **Save**.

The screenshot shows a 'NEW RESPONSE' modal window overlaid on a background page. The modal contains the following fields:

- Do you have or have you ever had an association with another provider who currently has uncollected debt to Medicaid, CHIP, or Medicare? (Radio buttons for Yes/No)
- * Legal Name (text input)
- * Doing Business As (text input)
- * Tax ID Type (Radio buttons for EIN/SSN)
- * EIN (text input)
- NPI (text input)
- * Reason for Disclosing (text input)
- * Length Of Relationship (text input)
- * Type Of Relationship (text input)
- * Degree Of Affiliation (text input)
- * Effective Date (calendar picker)
- * End Date (calendar picker, showing 12/31/9999)

Buttons for 'Cancel' and 'Save' are at the bottom right of the modal.

The summary of the details will be listed in the grid.

The screenshot shows the 'OWNERSHIP/CONTROLLING INTEREST' section of the form. It displays a table with the following data:

Legal Name	Type Of Relationship	Tax ID	Effective Date	End Date	Edit
Smith	Business	***-**-9999	1/1/2020	12/31/9999	[Edit icon]

Buttons for 'Create New' and 'Edit' are visible.

The screenshot shows a 'NEW PROVIDER SELF DISCLOSURE' modal window. It contains the following sections and questions:

- PRIVACY ACT NOTICE STATEMENT**
- * Do you have or have you ever had an association with another provider that has been or is currently subject to a payment suspension under a federal health care program? (Radio buttons for Yes/No)
- * Do you have or have you ever had an association with another provider that has been or is currently excluded by the HHS Office of Inspector General (OIG) from Medicaid, or CHIP? (Radio buttons for Yes/No)
- * Do you have or have you ever had an association with another provider that has had Medicare, Medicaid, or CHIP billing privileges denied, revoked, or terminated? (Radio buttons for Yes/No)
- Education**
- * Have you ever been disciplined in any manner during your medical education? (Radio buttons for Yes/No)
- * Have you ever voluntarily withdrawn or terminated your medical education due to an investigation? (Radio buttons for Yes/No)
- * Has your board certification ever been suspended or terminated? (Radio buttons for Yes/No)

Buttons for 'Create New' are visible on the right side of the modal.



NEW PROVIDER SELF DISCLOSURE

Substance Registration

- * Have you ever chosen to terminate your board certification while under investigation?
 Yes No
- * Has any action ever been taken against your federal or state controlled substance certifications or authorizations?
 Yes No
- * Has any action ever been taken against you during your participation in, or have you been debarred from, any federal or state governmental healthcare program?
 Yes No

Investigations

- * Have you ever been the subject of investigation by any healthcare organization or military agency, related to your performance of medical duties, for any action that qualifies as fraudulent activities?
 Yes No
- * Are you aware of any information being reported regarding your performance as a medical practitioner, to any public medical malpractice reporting agency?
 Yes No

NEW PROVIDER SELF DISCLOSURE

- * Have you ever been under investigation by any state or federal regulatory agencies in the past 10 years?
 Yes No
- * Have you ever been convicted, or are you currently under investigation, for sexual harassment or any other legal misconduct in the past 10 years?
 Yes No

Liability

- * Has any action ever been taken against your professional liability coverage based on your history of medical practice?
 Yes No
- * Have you had an adverse professional liability action within the past 10 years?
 Yes No

Legal History

- * Have you ever been convicted or plead guilty of a felony or misdemeanor (excluding traffic violations)?
 Yes No

NEW PROVIDER SELF DISCLOSURE

Job Performance

- * Are you currently engaged in the use of illegal drugs or any other chemical substances that would in any way impair your performance?
 Yes No
- * Do you have reason to believe that you pose a risk to the safety of any individual under your medical care, or are you unable to perform the functions of a healthcare practitioner in any way?
 Yes No

General

- * Provide the following information for the contact person for audit purposes.

Title: * Last Name, * Second Last Name, * First Name, Middle Name

Suffix, * Address Line 1, Address Line 2

* City, * State (select a value...), * Country (select a value...), * ZIP Code

* Phone Type (select a value...), * Telephone Number

4. Click **Save** when the form is complete. The disclosure form status changes from **New** to **Completed**.

NOTE: User cannot advance to the next step until all required disclosures have a Completed status.

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	New	Create New
Ownership and Control Interest	New	Create New
Managing Employees	New	Create New
Business Transaction	New	Create New

Buttons: Cancel, Previous, Save and Continue

Sub-Contractor

Sub-contractors may be subject to screening against federal databases depending on configuration.

1. Click **Create New** to open the window. When the user answers **No** and clicks **Save**, the status of the form changes to **Completed**. When the user answers **Yes**, the following data is collected:

2. Indicate if there are owners or control interests for the subcontractor named.

3. Name one or more owners by clicking **Create New** in the Owner panel.

The Disclosure Panel summarizes the owner’s data as shown in the following example.




The screenshot shows a web interface for adding an owner. On the left is a sidebar with menu items: Disclosure Form, Provider Self Disclosure, Sub-Contractor Disclosure (highlighted), Ownership and Control Interest, Managing Employees, and Business Transaction. The main area is titled 'Owner' and contains a table with columns: Name, Address, DOB, Tax ID, and Edit. A 'Create New' button is at the top right of the table. The table has one row: Smith, L | 3000 Hanover St, Kansas AR, US | 1/1/1970 | ***-**-5789. At the bottom are 'Cancel', 'Save', and 'Save and Continue' buttons.

Name	Address	DOB	Tax ID	Edit
Smith, L	3000 Hanover St Kansas AR US	1/1/1970	***-**-5789	

- Continue adding records until all owners have been named, then click **Save**.

The status of the Sub-Contractor Disclosure form is now **Completed**.



The screenshot shows a summary table of disclosure forms. The 'Sub-Contractor Disclosure' row is highlighted with a red box around the 'Completed' status. The table has columns for the form name, status, and a 'Create New' button. At the bottom are 'Cancel', 'Previous', and 'Save and Continue' buttons.

Disclosure Form	Status	Create New
Provider Self Disclosure	Completed	<input type="button" value="Create New"/>
Sub-Contractor Disclosure	Completed	<input type="button" value="Create New"/>
Ownership and Control Interest	New	<input type="button" value="Create New"/>
Managing Employees	New	<input type="button" value="Create New"/>
Business Transaction	New	<input type="button" value="Create New"/>

Ownership and Control Interest

1. Click **Create New** to open the Ownership and Control Interest form. If the response to question 1 is **No**, the form is considered complete.

The screenshot shows a modal window titled "NEW OWNERSHIP AND CONTROL INTEREST" overlaid on a background page. The modal contains the following text: "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 of a provider organized as a corporation or non-profit, or is a partner in a provider organized as a partnership. Providers are required to complete one form for each owner or controlling interest." Below this is a question: "* Is there any entity (individual or corporation) with an ownership or controlling interest in the disclosing entity as described above?" with radio buttons for "Yes" and "No", where "No" is selected. There are "Cancel" and "Save" buttons at the bottom right of the modal.

2. If the provider is an owner or has a controlling interest, click **Yes** and complete the form in its entirety for that entity. The status for the Control and Ownership form displays as **Completed**.
3. Click **Create New** to create disclosure forms for additional owners.

The screenshot shows the "NEW OWNERSHIP AND CONTROL INTEREST" form with the question "* Is there any entity (individual or corporation) with an ownership or controlling interest in the disclosing entity as described above?" selected to "Yes". Below the question, there are several required fields:

- * 1. Is this entity an individual or a corporation? (Radio buttons for Individual and Corporation, with "Individual" selected)
- * % interest (text input)
- Title (text input)
- * Last Name (text input)
- * First Name (text input)
- Middle Name (text input)
- Suffix (text input)
- * SSN (text input)
- * Birth Date (calendar icon)
- For international address entry, please select the desired country.
- * Country (dropdown menu showing "UNITED STATES")
- * Address Line 1 (text input)
- Address Line 2 (text input)
- * City (text input)
- * State (dropdown menu showing "select a value...")
- * ZIP Code (text input)
- * Email Address (text input)
- * Confirm Email (text input)
- * Effective Date (calendar icon)
- * End Date (calendar icon showing "12/31/9999")

 There are "Create New" buttons on the right side of the form.

4. For responses that require additional details, click **Create New** for multiple entries.

The screenshot shows the "NEW OWNERSHIP AND CONTROL INTEREST" form with the question "* 2. Does this entity have ownership or controlling interest of 6% or more in any other provider, fiscal agent or managed care entity?" selected to "Yes". Below the question is a table with the following columns: "% interest", "Full Name of Other Provider", "Tax ID", and "Edit". There is a "Create New" button above the table.

5. Enter the required details for each entity and click **Save**.

The summary of the details will be listed in the grid.

% interest	Full Name of Other Provider	Tax ID	Edit
25	R Smith	•••••5555	
25	John Smith	•••••9999	

6. Answer all remaining questions and provide details when selecting **Yes**.

- Additional information is required for questions where **Yes** is selected, click **Create New**.

At least one Affiliation must be provided.

11. Does this entity have or ever had an association with another provider who currently has uncollected debt to Medicaid, CHIP, or Medicare?

Yes No

Legal Name	Type Of Relationship	Tax ID	Effective Date	End Date	Edit

- When the New Response form displays, enter all required fields and click **Save**.

11. Does this entity have or ever had an association with another provider who currently has uncollected debt to Medicaid, CHIP, or Medicare?

* Legal Name: Doing Business As * Tax ID Type: EIN * EIN: [Redacted]

NPI: [Redacted] * Reason for Disclosing: [Redacted] * Length Of Relationship: [Redacted] * Type Of Relationship: [Redacted]

* Degree Of Affiliation: [Redacted] * Effective Date: [Redacted] * End Date: 12/31/9999

Buttons: Cancel, Save, Create New

A summary of the details displayed in a grid.

Legal Name	Type Of Relationship	Tax ID	Effective Date	End Date	Edit
Dr Smith	Business	*****4444	3/1/2024	12/31/9999	[Edit Icon]

- When all the responses are complete, click **Save**. The form closes and the status for the Control and Ownership form displays as **Completed**.
- Click **Create New** and repeat these steps to create disclosure forms for additional owners.

Managing Employees

The Managing Employee form must be completed for every provider enrolling, except OPR or IG enrollment types.

1. Complete one form for each Managing Employee. To create multiple entries, click **Create New** under all questions except the first.

NOTE: Configuration may cause Yes / No answers to display for "1. Provide the following information on all managing employees of the provider."

NEW MANAGING EMPLOYEES

* 4. Has this person ever had their billing privileges revoked or had their participation in the program terminated for cause?

Yes No

Program	State	Date of Revocation	Edit
Create New			

* 5. Does this person have any outstanding debt with Medicaid, other State agencies, other state's Medicaid program or Medicare? If yes, provide the following information below and attach documentation of the arrangements made to repay the debt.

Yes No

Program	State	Amount Of Debt	Date	Edit
Create New				

Privacy Act Notice Statement, Ownership/Controlling Interest, Disclosure Forms, Managing Employees

NEW MANAGING EMPLOYEES

* 6. Does any family or household member have any outstanding debt with any State or Federal agency or program? If yes, provide the following information below and attach documentation of the arrangements made to repay the debt.

Yes No

Name	SSN	DOB	Amount Of Debt	Program	Edit
Create New					

* 7. Has this person had any healthcare related adverse legal actions imposed by any state Medicaid program or any other Federal agency or program?

Yes No

Program	State	Action Imposed	Date of Action	Edit
Create New				

Privacy Act Notice Statement, Ownership/Controlling Interest, Disclosure Forms, Managing Employees

NEW MANAGING EMPLOYEES

* 8. Has this person had any non-healthcare related adverse legal actions?

Yes No

Program	State	Action Imposed	Date of Action	Edit
Create New				

* 9. Is this person related to the provider or any other disclosing entity as a spouse, parent, child or sibling?

Yes No

Name	Relationship	SSN	Edit
Create New			

Privacy Act Notice Statement, Ownership/Controlling Interest, Disclosure Forms, Managing Employees

2. Additional information is required for questions where **Yes** is selected, click **Create New**.

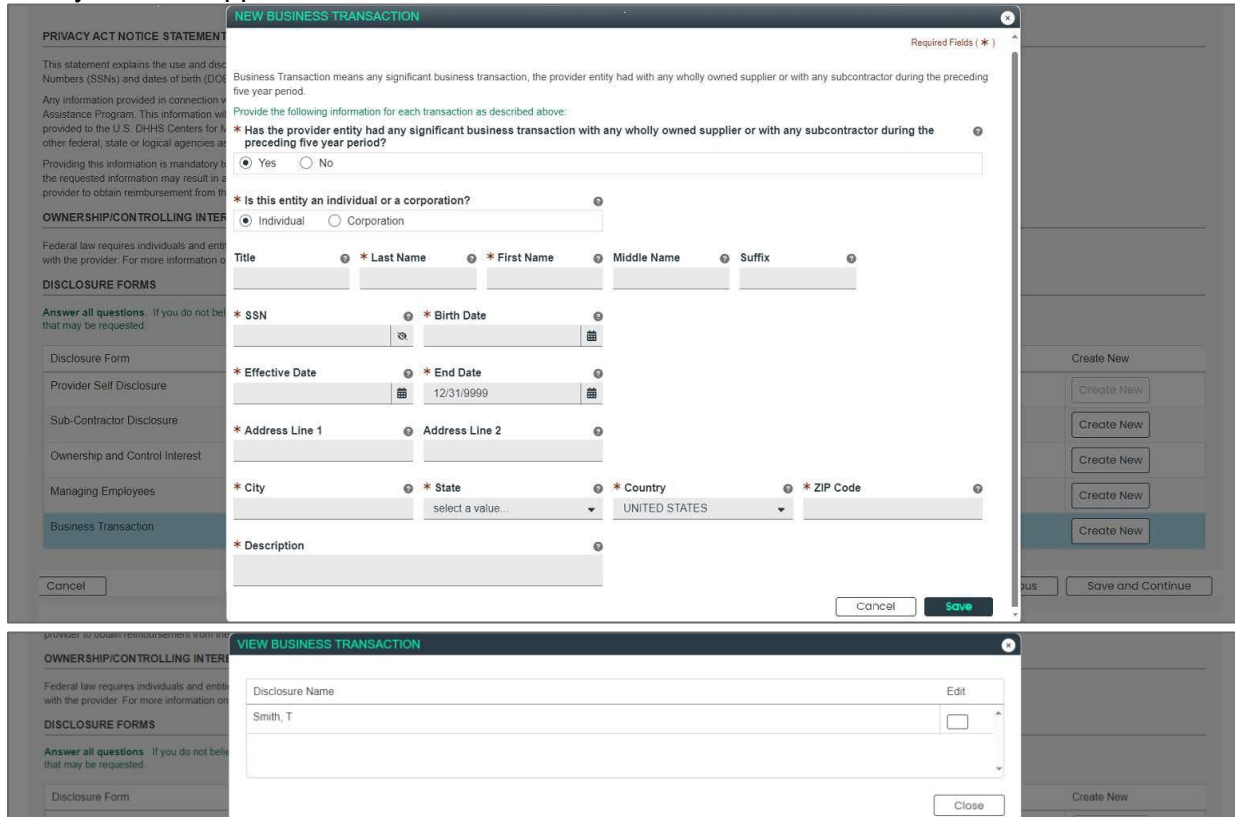
3. When the New Response form displays, enter all required fields and click **Save**.

A summary of the details displayed in a grid.

4. When all the responses are complete, click **Save**. The form closes and the status for the Managing Employees form displays as **Completed**.

New Business Transaction Disclosure

Use the last disclosure form to report significant business transactions. Create one form for each wholly-owned supplier or subcontractor.



Background Check

High-risk providers are subject to additional screening checks, including fingerprinting. The Background Check panel displays owners with 5% or greater ownership who may be required to submit prints.

This information is populated from the ownership disclosure forms. If the information is incorrect, return to the Disclosures page, update, and save. Click the check box to see if fingerprints have been submitted within the past five years.


Background Check – Collect Fingerprint Details

If you are considered a High-Risk Provider and are enrolling, re-enrolling, or revalidating you may be subject to submit fingerprint and criminal background checks.

Background Check

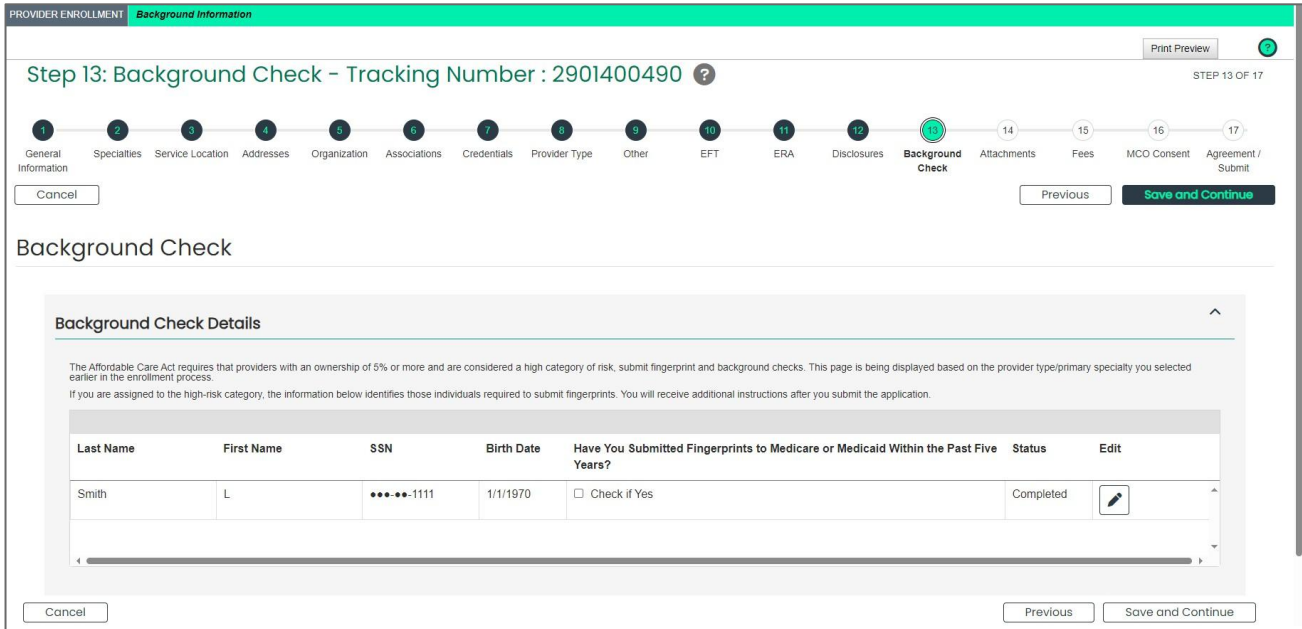
Background Check Details

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 Five Years?	Status	Edit
Smith	L	●●●-●●-1111	1/1/1970	<input type="checkbox"/> Check if Yes	Completed	

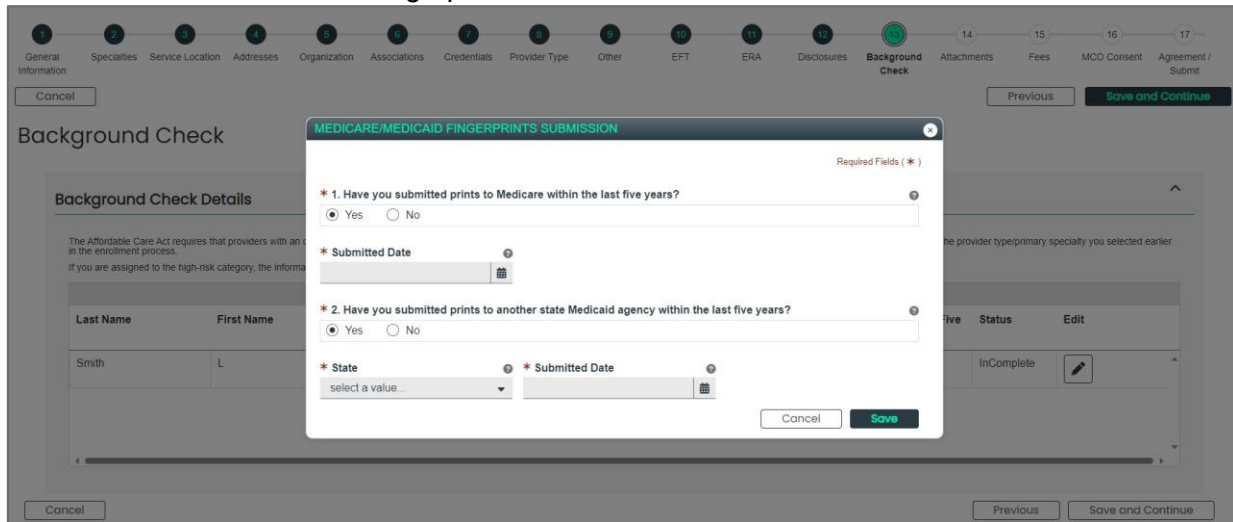
According to the ACA Provider Screening Regulations § 455.434, the State Medicaid Agency (SMA):

- As a condition of enrollment, re-enrollment, or revalidation must require providers consent to criminal background checks (including fingerprinting) when required to do so under state law or by the applicable level of screening. (§ 455.434(a))
- Must establish categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste, or abuse to the State Medicaid Program. (§ 455.434(b))
- Upon the SMA determining that a provider, or a person with a 5 percent or more direct or indirect ownership interest in the provider, meets the SMA’s criteria for criminal background checks as a “high” risk to the State Medicaid Program, the SMA will require that each such provider or person submit fingerprints. (§ 455.434(b)(1))
- The SMA must require a provider, or any person with a 5 percent or more direct or indirect ownership interest in the provider, to submit a set of fingerprints, in a form and manner to be determined by the SMA, within 30 days upon request from CMS or the SMA. (§ 455.434(b)(2))



If you have checked Yes, the Status changes from **Completed** to **Incomplete**. After required fields are completed in the Medicare/Medicaid Fingerprints Submission panel is completed, the Status in the list changes to **Completed**.

Click **Edit** to enter details for fingerprints submission to Medicare/Medicaid.



Click **Save** to close the window and save submission information.

Last Name	First Name	SSN	Birth Date	Have You Submitted Fingerprints to Medicare or Medicaid Within the Past Five Years?	Status	Edit
Smith	L	***-**-1111	1/1/1970	<input checked="" type="checkbox"/> Check if Yes	Completed	

An error displays when answers are **No**.

MEDICARE/MEDICAID FINGERPRINTS SUBMISSION

Resolve the following form field errors and try again.
At least One Question has to be Yes otherwise please cancel the form and uncheck the check box in Background Check page.

Required Fields (*)

* 1. Have you submitted prints to Medicare within the last five years?
 Yes No

* 2. Have you submitted prints to another state Medicaid agency within the last five years?
 Yes No

Cancel Save

NOTE: If an owner is required to submit fingerprints but does not submit fingerprints within 30 calendar days of the fingerprint notification the enrollment application will be denied, and provider must submit a new application.

Attachments

The Attachments page displays supporting documentation required for your Provider type and specialty. Under Additional Information, instructional text may populate based on the Business Rules defined.

Attachments	
Provider Type Physician	Specialty Family Practitioner

Attachments will be different for a new/re-enrollment, revalidation, provider, specialty, and enrollment type.

Example of Required Attachments

The example below is required attachments for an enrollment for a Physician.

Provider/Specialty Type	Enrollment Scenario	Required Attachments
Physician (PT 020), Anesthesiologist (PS 057)	IG New Enrollment	PS 057 - No required attachments unless physician is 50 miles from the VA Border
Physician (PT 020), Anesthesiologist (PS 057), and Substance Abuse – Anesthesiology (PS 047)	IG New Enrolment	PS 057 – No required attachments PS 047 – Substance Abuse Certification
Physician (PT 020), Anesthesiologist (PS 057), and Substance Abuse – Anesthesiology (PS 047)	IG Revalidation	No required attachments
Physician (PT 020), Anesthesiologist (PS 057)	Individual New Enrollment	PS 057 <ul style="list-style-type: none"> • CV • IRS Document/W-9 • Liability Insurance • License • Board Certification
Physician (PT 020), Anesthesiologist (PS 057)	Individual Revalidation	No required attachments

The Attachment Type indicates the expected document type on the Required Attachments panel. The Requirement Met status changes from **NO** to **YES** as the documents are attached in the Attachment Details panel below. The panel is informational only.

Required Attachments

The list below contains the attachments required for your application.

For each of the Attachment Types listed in the Required Attachments panel, in the Attachment Details section, select **CREATE NEW** to display New Attachment panel.

On the New Attachment panel, select a Transmission Method (e.g. File Transfer) and then select an Attachment Type from the required list. The most common attachment types should be at the top of the list. However, attachment types can be quickly found by typing part of the attachment type name (e.g. fed).

Use **SELECT FILES** to browse and select the corresponding file from your computer. You can also drag and drop the file anywhere within the Upload File box. Note: If you happen to select the wrong file, click the X icon to remove it and then add the correct file. Select **SAVE** to securely attach the file to your application.

After each attachment is added, the Required Attachments, Requirement Met status will change to YES. Once all required attachments have changed to YES and all required fields are complete, select **SAVE AND CONTINUE** to save your information and move to the next step of the enrollment process.

Attachment Type	Requirement Met
Federal W-9 Form	Generated on Approval
Liability Insurance Declaration Page	NO
License	NO

Attachment Details

[Create New](#)

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

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

1. Click **Create New** to display the New Attachment panel where you will attach documents.

New Attachment

* **Transmission Method** **Attachment Type**

File Transfer License

Upload File

SELECT FILES... ✓ Done

License example.docx
File(s) uploaded successfully.

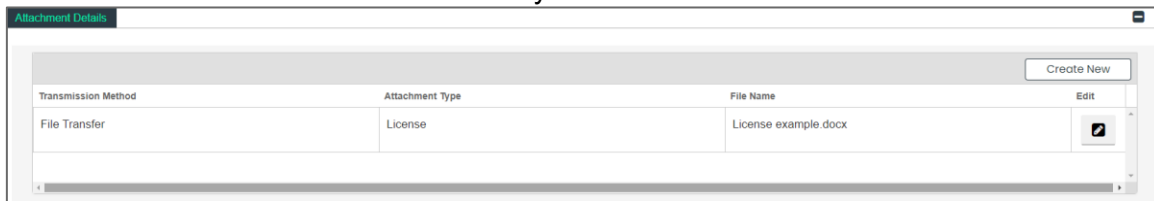
[Cancel](#) [Save](#)

2. Select Electronic Only as Transmission Method to use to attach documents. Available options are based on state-specific configuration and include:
 - **Select Files** button so files can be uploaded and included in the enrollment.
3. Select the Attachment Type to match the required attachment type or additional attachment types.

Tip! Use the predictive search option by typing in the search field of the selection list as shown below.



4. Click **SELECT FILES** to select a file from your file locations to attach to the enrollment.



As documents are attached, the Requirements Met status changes from **NO** to **YES**. Users cannot save and continue until the status for all attachments is **YES**.

5. Confirm all attachments are legible and complete. Licenses and other credentials must be current.

Attachment Type	Requirement Met
Federal W-9 Form	YES
Liability Insurance Declaration Page	YES
License	YES

6. If a W9 Form is required for enrollment, complete the W9 Verification panel.

XII Additional Information

Overview

Additional information, such as Application Fees and Participation Agreement acknowledgement, may be applicable during the enrollment process.

Application Fee

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

Fee effective January 1, 2025

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

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

Payment can be made online or in the form of a bank-certified check made out to the Department of Medical Assistance Services.

NOTE: The application fee is not required for providers who have already paid their fee to Medicare or another state's Medicaid program. CMS may agree to waive the application fee based on proof of financial hardship for a provider.

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.

Application Fee Hardship Waiver

Requests for Application Fee Hardship Waivers must be submitted with your enrollment application. It should include the following:

- Explanation on company letterhead of the financial hardship.
- 3 years of tax returns, profit/loss report and/or any documents to validate your reason for hardship.

PRSS will send the request to DMAS who will review and send your request to CMS for review and approval pursuant to Section 1866(j)(2)(C)(ii) of the Social Security Act.

Application Fee Determination

PRSS collects additional details to determine if an application fee will be required.

Application Fee Questions

1. Is the service location enrolled in Medicare?
 - a. Select Yes, if you are enrolling with Virginia Medicaid with the same NPI, EIN, Provider and Risk Type, Service Location, and Ownership structure as Medicare.
 - i. Provide the date you were approved with Medicare.
 - ii. This information will be validated through the Provider Enrollment, Chain, and Ownership System (PECOS). If it cannot be validated or is not an exact match the enrollment may be returned and the application fee required.
 - b. Select No if you are not enrolled in Medicare.
2. Have you paid an application fee to another state's Medicaid program for the service location?
 - a. Select Yes, if you have paid an application fee to another SMA for the same Service Location as indicated on your Virginia Medicaid Enrollment application.
 - i. Enter the State and date paid.
 - ii. Also, attach a copy of the application fee receipt from the other SMA. If this information is not submitted the enrollment application will be returned and you will be required to pay the application fee.
 - b. Select No if you are not enrolled in Medicare.
3. Have you received a waiver of the application fee from Medicare or another SMA program because of a financial hardship?
 - a. Select Yes if you have received a waiver of the application fee.
 - i. Attach a copy of the application fee waiver from Medicare or SMA. If this information is not submitted the enrollment application will be returned and you will be required to pay the application fee.
 - b. Select No if you have not received a waiver of the application fee.
4. Are you requesting a hardship waiver of the application fee from Virginia Medicaid because of a financial hardship?
 - a. Select Yes if you are requesting a waiver of the application fee.
 - i. Attach a copy of the request and include the following:
 1. Past 3 years of tax returns, profit/loss report and/or any documents to validate your reason for hardship.
 2. Past 3 months of banking statements.
 3. If this information is not submitted the enrollment application will be returned and you will be required to pay the application fee.
 - b. Select No if you are not requesting a waiver of the application fee.



If applicable, fee details which include the total amount due to be paid by the provider will display on the lower right side of the application fee panel.

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, include 3 years of tax returns, profit/loss report and/or any documents to validate your reason for hardship.

4. Are you requesting a waiver of the application fee because of financial hardship? ?
 Yes No

Enrollment Application Fee \$730.00

Total Amount Due \$730.00

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

Fee Payment Processing

Select your method of payment.

1. Online Credit Card payment– User will be directed to an external Commonwealth of Virginia payment processor. PRSS will be notified of payment approved.
 - a. URL opens in a new window.
 - b. Enter Provider and payment information.
 - c. When complete, you will be directed to close the window and navigate back to your enrollment application.
2. Pay by Check - When your enrollment application is submitted you will have the option to download an Application Fee Form.
 - a. Your enrollment application will pend until the Check has been cleared.

XIII Agree/Submit

Overview

The last step before submitting the application requires that users accept the terms and conditions in the Provider Agreement. Legal Name, Contact Name, Contact Email, Tax ID, and Tax ID Number are populated from the General page. Service Location information is populated from the Service Location page. If any information is incorrect, return to those pages and update information.

NOTE: Individual Within a Group enrollment do not include a service location address, so the Service Location will be blank.

The Terms of Agreement may contain a hyperlink that enables providers to specify special provisions for the Provider Type selected during enrollment.

Agreement/Submit

Required Fields (*)

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.

820_MCE125A - <http://www.service.com/>

Terms of Agreement

Legal Business Name	Contact Name	Contact Email	
Group Inc	J Smith	[REDACTED]@gainwelltechnologies.com	
NPI	Tax ID Type	Tax ID Number	Service Location
3297577322	EIN	•••••6789	3000 Hanover St Palo Alto CA, 943041112


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.

1. Click **Proceed** to continue with the agreement.



COMMONWEALTH of VIRGINIA
 Department of Medical Assistance Services
 Provider Enrollment Services

The provider agrees to participate in the Virginia Medical Assistance Program (VMAP), the Department of Medical Assistance Services, and the legally designated State Agency for the administration of Medicaid, in accordance with the terms below.

1. The provider is authorized to practice under the laws of the state in which they are licensed and is not, as a matter of state or federal law, disqualified from participating in the Program.

2. Click the Print icon to display and print the Provider Agreement.
3. Check I **Accept** below the agreement to continue with submission.
4. If Portal Registration Details display, enter information from the Provider/Enroller required for the registration process. This provides access to information on the External Portal.

Portal Registration Details

* First Name lisa	* Last Name w	* Second Last Name
* Email Address @gainwelltechnologies.com	* Confirm Email @gainwelltechnologies.com	
* Preferred Language English	* Mobile Phone Number 555-555-5555	

5. Check I **Accept** in the Signature panel, then enter name details and the email address to use for verification.

Signature

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.

I Accept

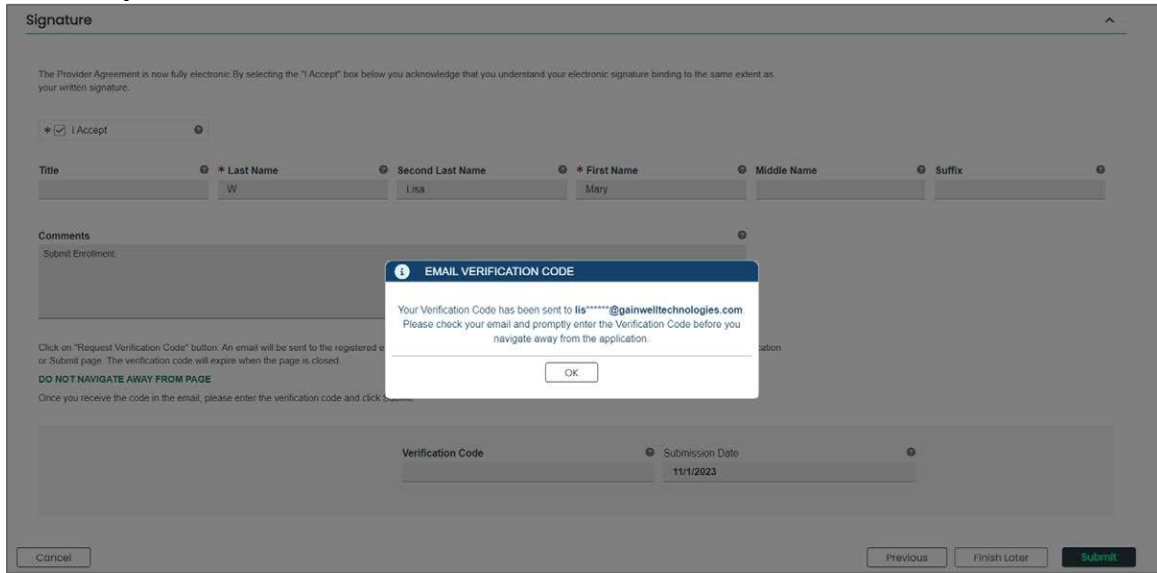
Title	* Last Name W	* Second Last Name Lisa	* First Name Mary	* Middle Name	* Suffix
-------	------------------	----------------------------	----------------------	---------------	----------

Comments
Submit Enrollment

Click on "Request Verification Code" button. An email will be sent to the registered email address. Check your email and enter the code immediately before you leave the application or Submit page. The verification code will expire when the page is closed.
DO NOT NAVIGATE AWAY FROM PAGE
 Once you receive the code in the email, please enter the verification code and click Submit.

<input type="button" value="Request Verification Code"/>	Verification Code	Submission Date 11/1/2023
--	-------------------	------------------------------

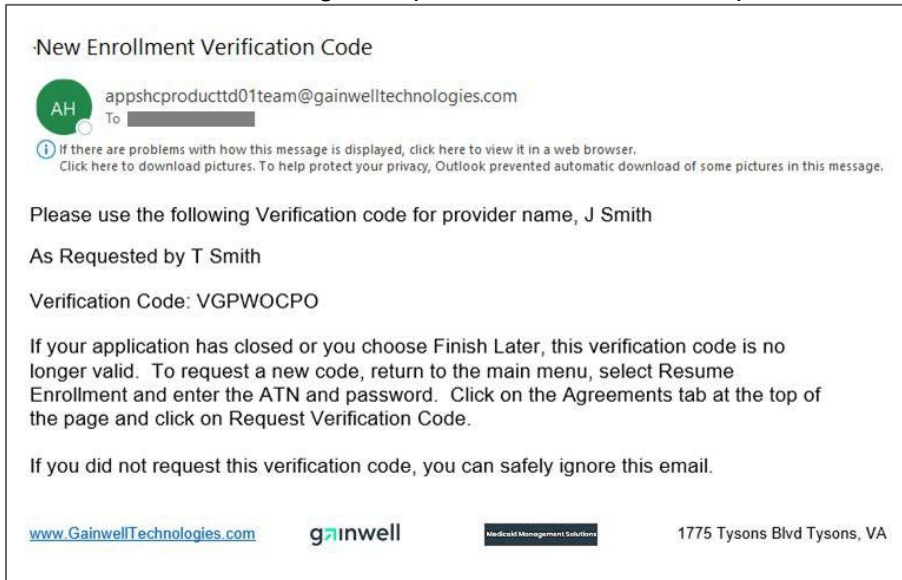
6. Click **Request Verification Code**.



IMPORTANT: The code is emailed to the address provided. **Do not** close the application or navigate back through the application until the code is entered.

Verification Code Email

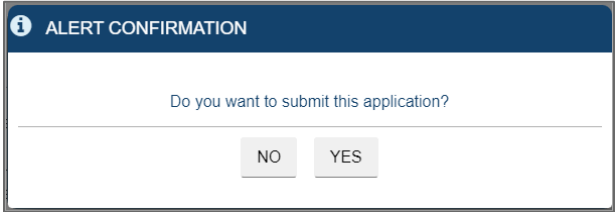
An email like the following example is sent to the address provided.



1. When the code is received, enter it into the Verification Code field, and click **SUBMIT**.



NOTE: If you click **SAVE**, the system re-checks the validations on various pages and displays error messages if anything is missing. After submission, applications cannot be viewed or modified until the provider enrollment returns the application.

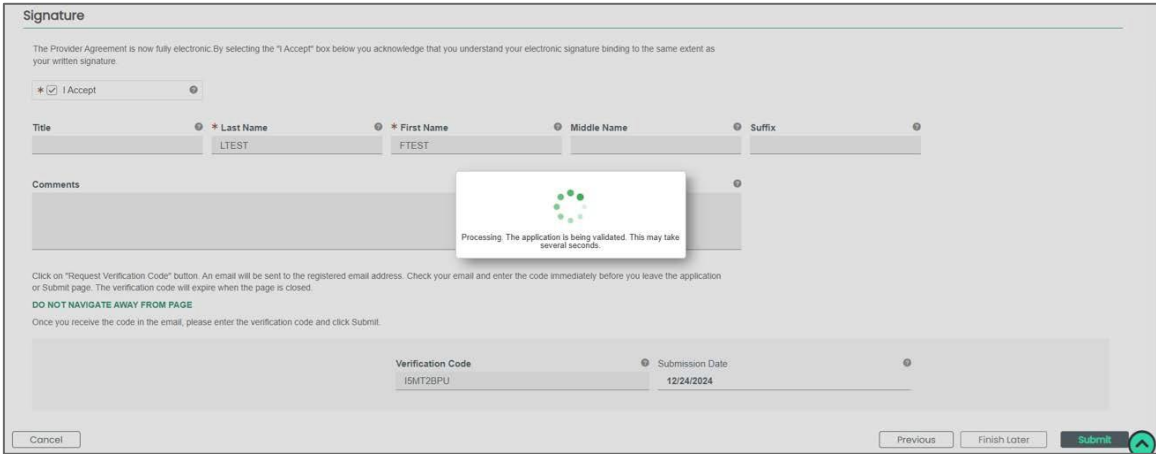


ALERT CONFIRMATION

Do you want to submit this application?

NO YES

2. Click **YES** to submit.



Signature

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.

I Accept

Title * Last Name * First Name Middle Name Suffix

LTEST FTEST

Comments

Processing The application is being validated. This may take several seconds.

Click on "Request Verification Code" button. An email will be sent to the registered email address. Check your email and enter the code immediately before you leave the application or Submit page. The verification code will expire when the page is closed.

DO NOT NAVIGATE AWAY FROM PAGE

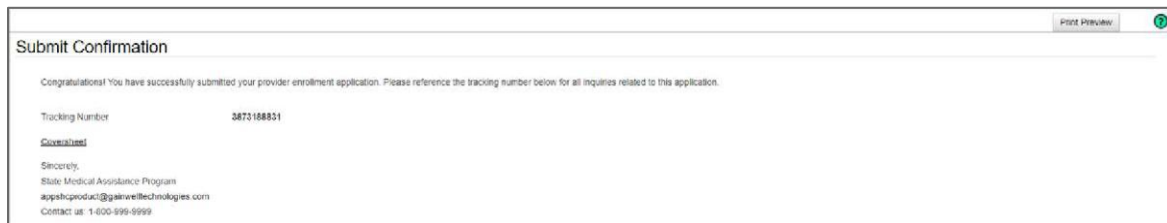
Once you receive the code in the email, please enter the verification code and click Submit.

Verification Code: ISMT2BPU Submission Date: 12/24/2024

Cancel Previous Finish Later Submit

Enrollment Submission Notification

When the application is submitted, a confirmation message is generated like the following example.



Submit Confirmation

Congratulations! You have successfully submitted your provider enrollment application. Please reference the tracking number below for all inquiries related to this application.

Tracking Number: 3873188831

Covered by:
 Sincerely,
 State Medical Assistance Program
 apps@pcproduct@gainwelltechnologies.com
 Contact us: 1-800-999-9999



Example of Email notifications that are generated.

Congratulations! You have successfully completed your provider enrollment application with the State Medical Assistance Program. Below is your tracking number that has been associated with your enrollment application.

Tracking Number: 3873188831
Password: *****

Download the coversheet and remit it with the following, as appropriate:

- Required documentation that you indicated would be submitted by mail
- The application fee, if one is owed. Payment must be made by bank-certified check or money order, payable to State Medicaid.

<https://tenant1foraks.test.mapshc.com/ProviderEnrollment/EnrollmentStatus/>

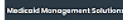
We cannot process your application until all documentation and fee payment (if required) has been received.

Our mailing address is:

Provider Enrollment
P.O. Box 9999
Anywhere, ZZ 99999

State Medical Assistance Program
Provider Enrollment
appshcproducttd01team@gainwelltechnologies.com
Contact us: 1-888-555-1212

<http://www.GainwellTechnologies.com>



1775 Tysons Blvd Tysons, VA

XIV Other PRSS Features

PROVIDER ENROLLMENT **Enrollment Status**

Enrollment Status 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 agoshcux@gainwelltechnologies.com

* Tracking Number

* Password

[Forgot Password?](#)

NOTE: Click the Coversheet link (shown in the following example) and print it to accompany any attachments or other documentation required to complete your enrollment. The Coversheet contains the ATN that makes it faster to match the documents to the application.

PROVIDER ENROLLMENT **Enrollment Status** Print Preview

Enrollment Status

This is your current Enrollment Application Status. If you have any questions or concerns, please contact Customer Service.
Gainwell Technologies Customer Service Account Team agoshcux@gainwelltechnologies.com

Tracking Number
4968500998

Application Type
New Enrollment

Status
Partial

Status Date
7/8/2022

[Coversheet](#)

Enrollment Status

This feature enables applicants to check the status of an application. Enter the ATN and self-selected password to access the application. You may be required to enter an authentication code based on configuration.

aposhcux@gainwelltechnologies.com'. There are two input fields: 'Tracking Number' with the value '4968500998' and 'Password' with masked characters. A 'Forgot Password?' link is below the password field. At the bottom left is a 'CANCEL' button, and at the bottom right is a 'GENERATE AUTHENTICATION CODE' button." data-bbox="107 182 862 323"/>

aposhcux@gainwelltechnologies.com'. The details are: Tracking Number: 4968500998; Application Type: New Enrollment; Status: Partial; Status Date: 7/11/2022; Coversheet. A 'CLOSE' button is at the bottom right." data-bbox="107 335 862 510"/>

Status Descriptions

Status	Description
Partial	Application has not yet been submitted.
Started	Re-enrollment application has been generated. (A pre-populated re-enrollment application has been requested by the provider and has been created.)
Awaiting Attachments	Application was submitted but is waiting for required attachments/documents. Submit the required documents within the time limit indicated in the notification so the application can proceed to screening.
Submitted	The application has been submitted and sent to the screening service.
Pending	Application has been processed by the screening service and has been queued for the enrollment team for review.
RTP (Returned to Provider)	Application requires corrections. (You receive a separate notification identifying the specific issues requiring attention.)

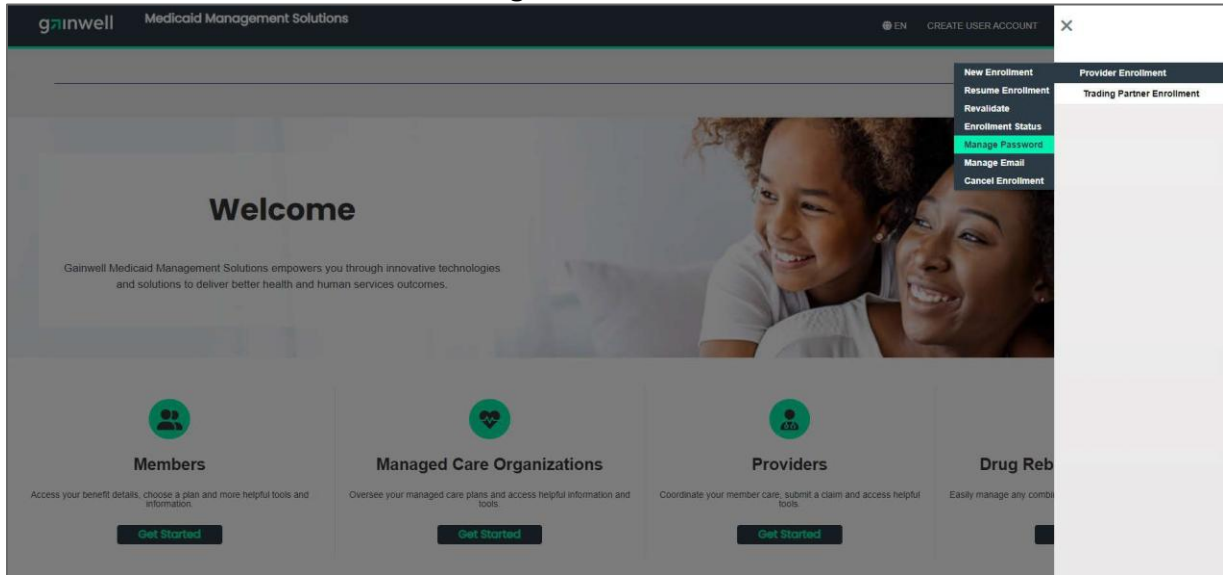


Status	Description
Approved	Application was approved. (You receive written confirmation that the application has been approved. For newly-enrolling Providers, the Welcome Packet includes the Provider number and other program participation information.)
Rejected	Application was denied. (You are sent a notification identifying the reasons the state declined your application.) The application may also be rejected if there is no response to the RTP request within the time allowed.
Expired	Application was not submitted within the allowable time.
Submitted to Managed Care	Application has been forwarded to MCOs for contracting. (This status is used for post-enrollment requests to participate with additional managed care organizations only and available if configured.)
Requested	Application has been requested.

Managing/Changing Your Password

This feature enables applicants to change the password of an application that has not yet been submitted. Enter the ATN and self-selected password to access the application. If configured, an authentication code popup displays and a corresponding email is sent to the provider with the Authentication code. If the correct Authentication code is entered, the password will be changed.

1. Click **Provider Enrollment**, then **Manage Password** on the menu.

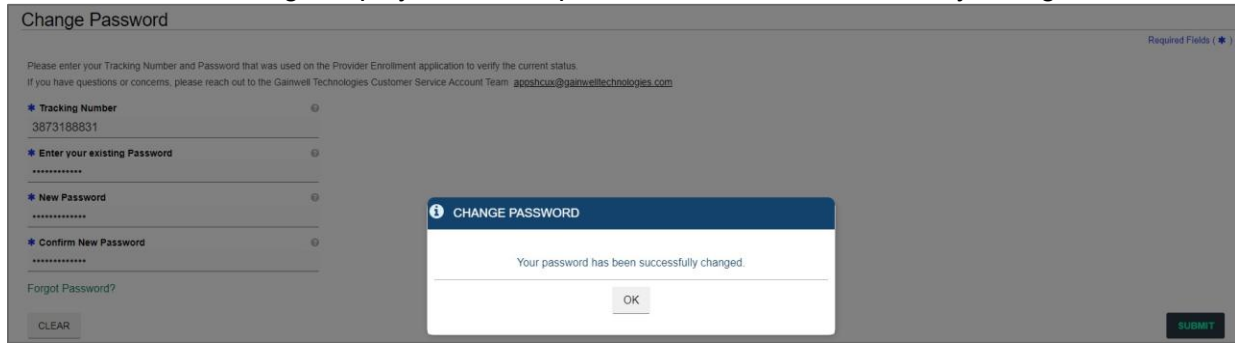


2. Enter the Application Tracking Number, existing password, and a new password.

The screenshot shows the 'Change Password' form. It includes a heading 'Change Password' and a 'Required Fields' indicator. Below the heading, there is a note: '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: apocbcoe@gainwelltechnologies.com'. The form contains four input fields: 'Tracking Number', 'Enter your existing Password', 'New Password', and 'Confirm New Password'. There is also a 'Forgot Password?' link and a 'CLEAR' button. A 'SUBMIT' button is located at the bottom right of the form.

NOTE: Passwords must be between 8 and 20 characters and include one number, one upper-case letter, and one special character.

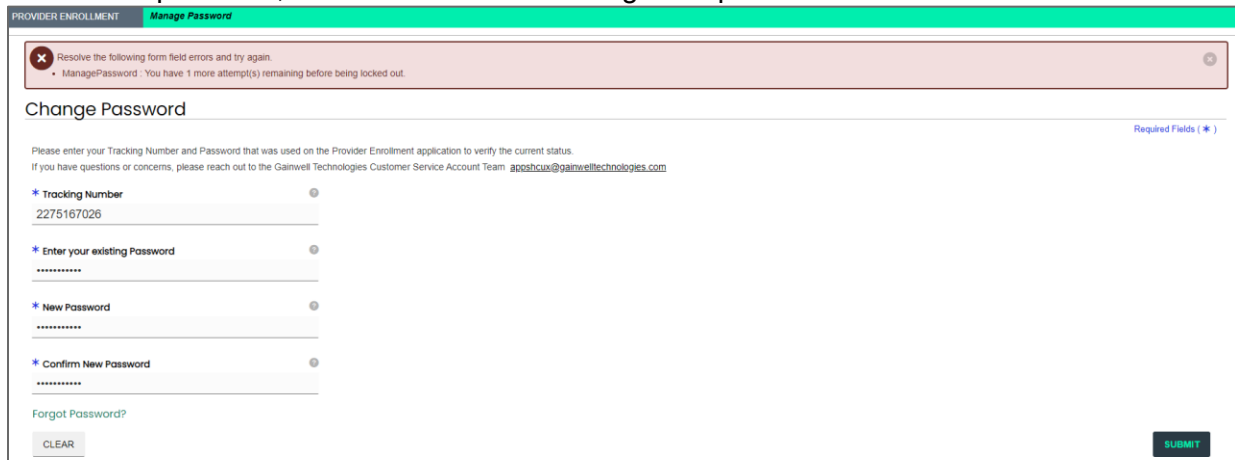
A confirmation message displays when the password has been successfully changed.



Manage Password - Incorrect Attempts Limit

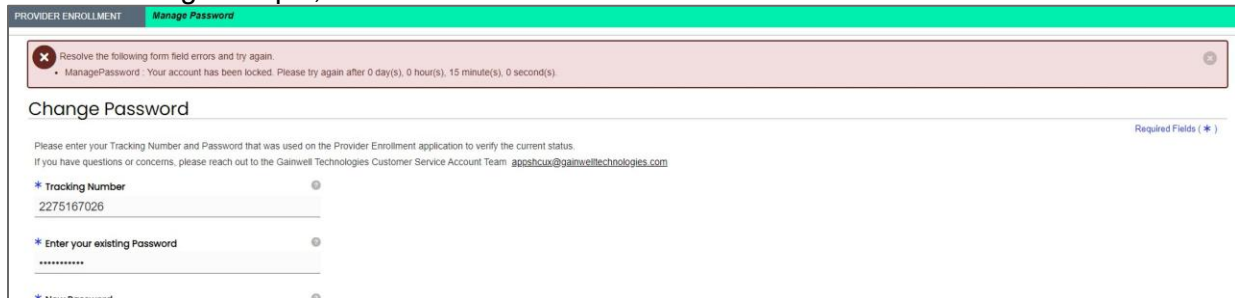
Users are allowed a limited number of attempts to change a password. If invalid information is entered for any of the required fields (ATN, Password, New Password, Confirm New Password) the user is presented with a message indicating the number of attempts remaining.

In the example below, the user has one remaining attempt.



After the number of invalid attempts is reached, the user’s account is locked for a configured period. After the lockout time has elapsed, the user can try again.

In the following example, the user must wait 15 minutes for the account to be unlocked.

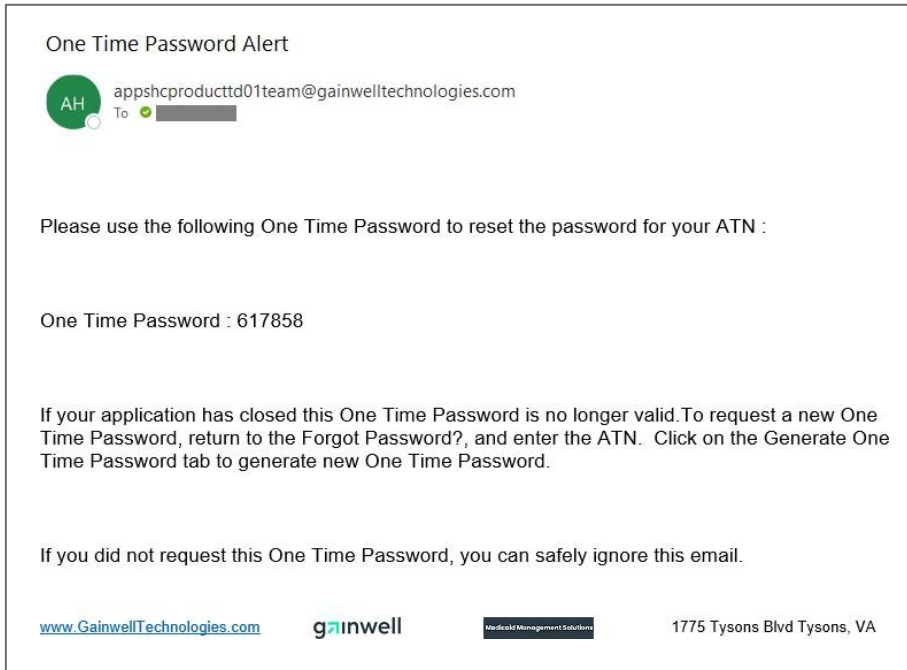


Resetting Your Password

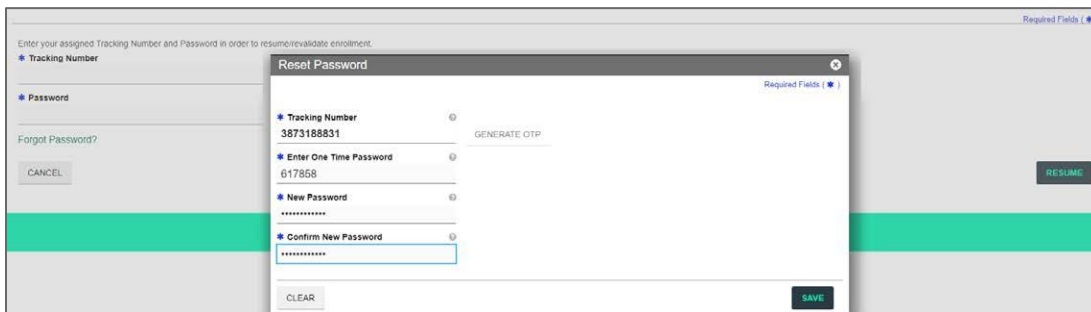
1. From the Resume Enrollment or Revalidate Enrollment page, click **Forgot Password?**

2. A popup window prompts you to enter your Application Tracking Number (ATN). Enter your ATN and click **GENERATE OTP** to generate a one-time password that can be used to reset your password.

3. A message with the one-time password (OTP) is sent to the email address on file. Use this password to reset your password for this ATN before you navigate away from this screen.

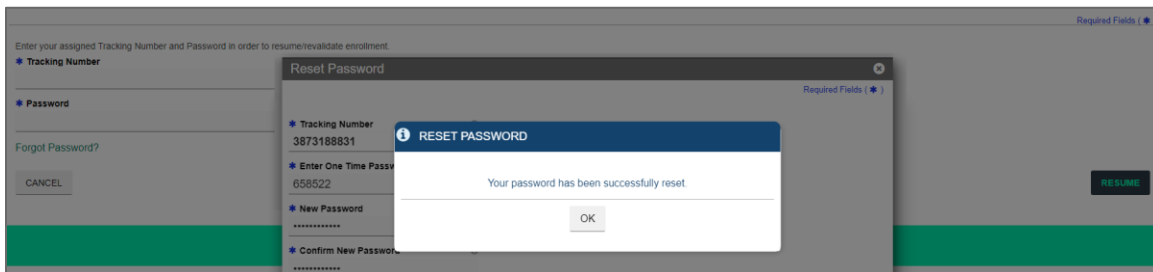


4. Enter the OTP provided in the message in Enter One Time Password, then enter and confirm a New Password and click **SAVE**.



NOTE: Passwords must be between 8 and 20 characters and include one number, one upper-case letter, and one special character.

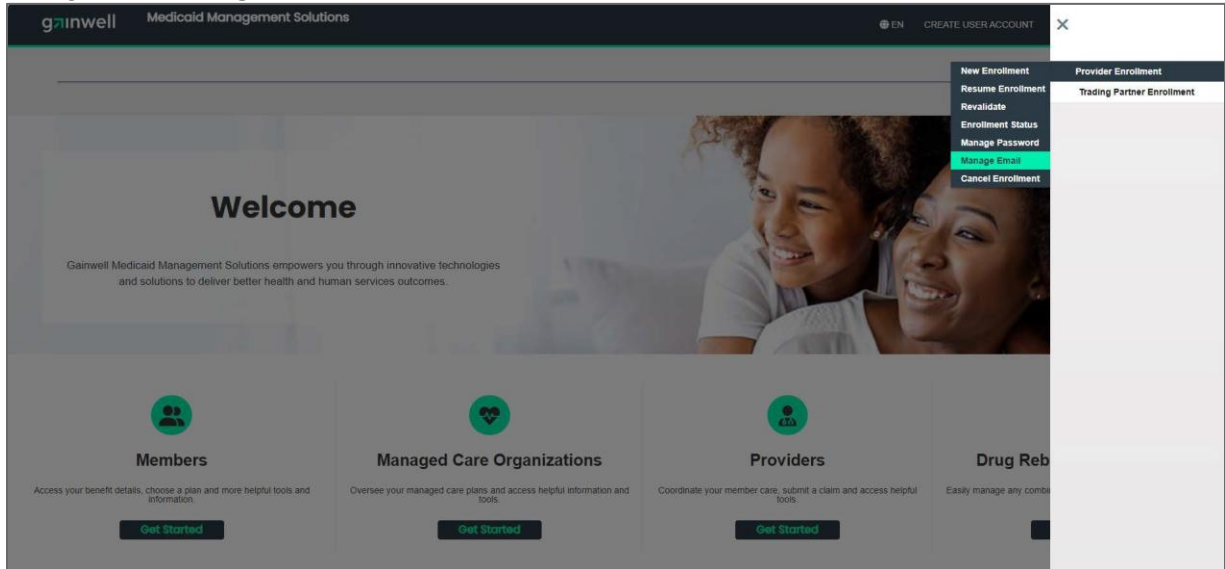
5. A message that the Password was successfully reset is received. Use the New Password to resume the enrollment.



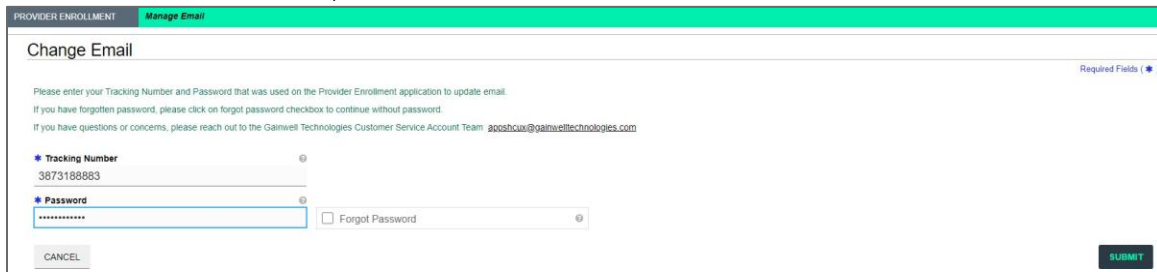
Manage Email

This functionality allows users to change the application registration email address.

1. Navigate to **Manage Email**.



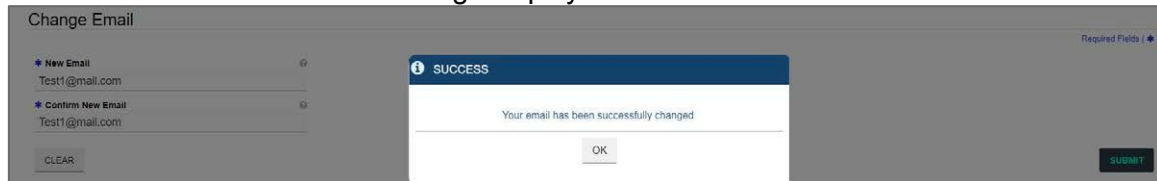
2. Enter ATN and Password, then click **SUBMIT**.



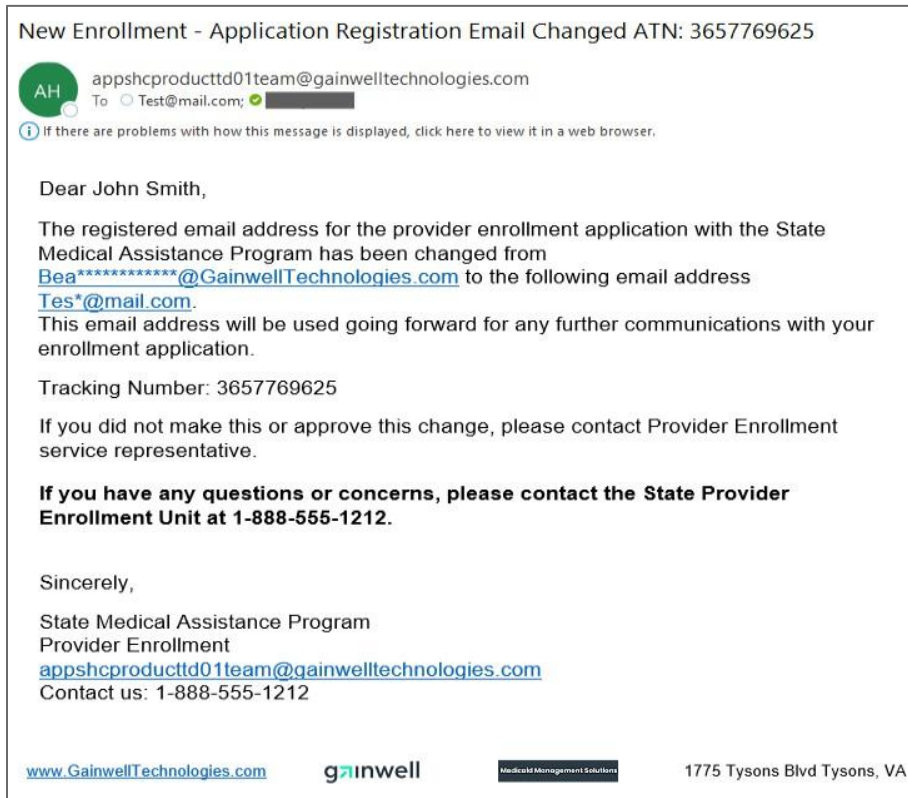
3. Enter and confirm the new email address, then click **SUBMIT**.



4. Click **OK** when the Success message displays.



A notification is sent to the new email address indicating it will be used for future communications.



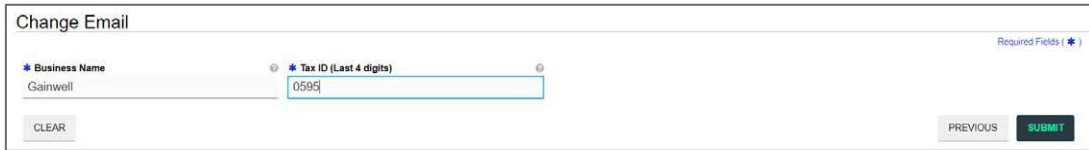
5. Enter the Password or check the Forgot Password box if you have forgotten the password and click **SUBMIT**.

NOTE: Checking Forgot Password causes the Password field to become optional, so you can continue to the next page to enter additional information.

6. Take one of the following actions based on type of enrollment:
 - Enter the last 4 digits of the SSN and Birth Date for **Individual** enrollments.

or

- Enter the Business Name and the last 4 digits of the Tax ID (EIN) exactly as it is in the application for **Group** or **Facility** enrollments.



The screenshot shows a 'Change Email' form with two required fields: 'Business Name' (containing 'Gainwell') and 'Tax ID (Last 4 digits)' (containing '0585'). There are 'CLEAR', 'PREVIOUS', and 'SUBMIT' buttons.

or

- Enter the Business Name and last 4 digits of the Tax ID (SSN) exactly as it is in the application for **Group** or **Facility** enrollments.

NOTE: Configuration determines use an SSN instead of EIN for Group or Facility enrollments.



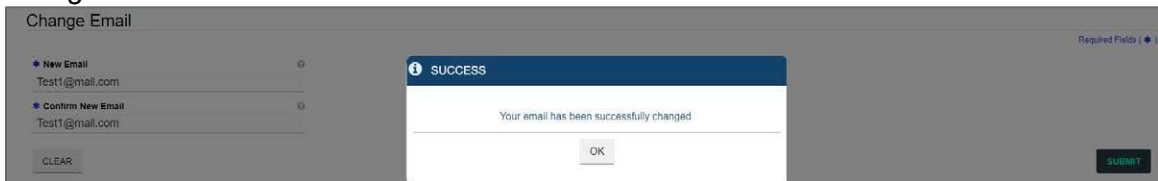
The screenshot shows a 'Change Email' form with two required fields: 'Business Name' (containing 'Gainwell') and 'SSN (Last 4 digits)' (containing '6789'). There are 'CLEAR', 'PREVIOUS', and 'SUBMIT' buttons.

7. Enter and confirm the New Email, then click **SUBMIT**.



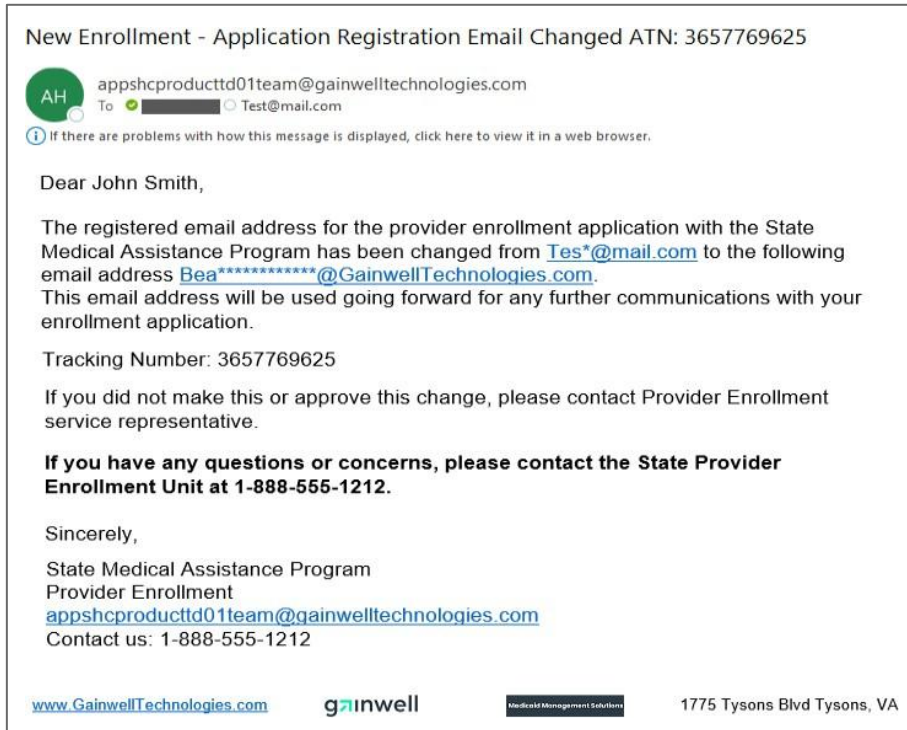
The screenshot shows a 'Change Email' form with two required fields: 'New Email' (containing 'Test1@mail.com') and 'Confirm New Email' (containing 'Test1@mail.com'). There are 'CLEAR' and 'SUBMIT' buttons.

8. Click **OK** to acknowledge the Success message indicating the email was successfully changed.



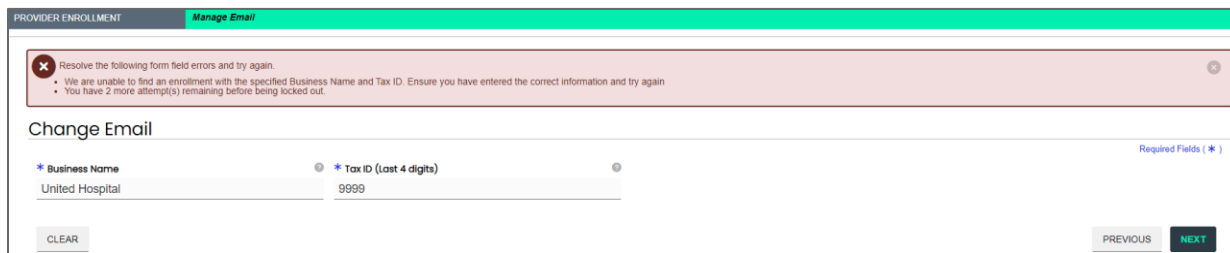
The screenshot shows the 'Change Email' form with a 'SUCCESS' message overlay that reads 'Your email has been successfully changed'. There is an 'OK' button on the message and a 'SUBMIT' button on the form.

A notification is sent to the new email address indicating it will be used for future communications.



Manage Email - Incorrect Attempts Limit

Users are allowed a limited number of attempts to change or update email information. If invalid information is entered for any required field (ATN, Password, SSN, DOB, Business Name, or Tax ID), the user is presented with a message, like the following example, indicating number of attempts remaining.



After reaching the number of invalid attempts, the user's account is locked for a configured period. After the lockout time has elapsed, the user can try again. The following example indicates the user must wait 15 minutes before another attempt to unlock the account.



Re-enrollment

Providers enrolled in the network with contracts that have been terminated or inactivated can re-enroll by completing the following process.

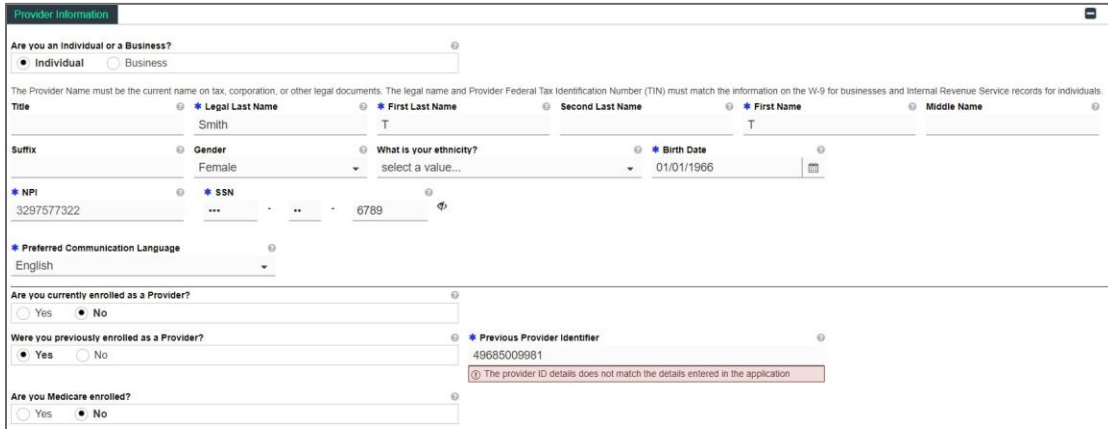
1. Select **New Enrollment** from the Provider Enrollment menu.
2. Start a new enrollment application using the same information currently in the Provider Management system. The following fields should match the previous enrollment information on the General page:
 - Enrollment Type
 - Provider Type
 - NPI
 - Tax ID or EIN
 - Tax ID Type
3. Select **Yes** for Were you previously enrolled as a Provider? and enter the Previous Provider Identifier.

Tip! This identifier is the 14-digit service location number. Contact Provider Enrollment Services if the number is unknown or incorrect.

4. After entering the Previous Provider Identifier, select **YES** on the Reenrollment Confirmation popup.

The Previous Provider Identifier is validated.

- If Provider ID details do not match the previous enrollment information, the message “The provider ID details do not match the details entered in the application” displays, as shown below.



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

- Are you an individual or a Business?**: Individual, Business
- Title**: Smith, T, T, T, T, Middle Name
- Gender**: Female
- What is your ethnicity?**: select a value...
- Birth Date**: 01/01/1966
- NPI**: 3297577322
- SSN**: 6789
- Preferred Communication Language**: English
- Are you currently enrolled as a Provider?**: Yes, No
- Were you previously enrolled as a Provider?**: Yes, No
- Previous Provider Identifier**: 49685009681

A red error message is displayed below the Previous Provider Identifier field: "The provider ID details do not match the details entered in the application".

- If the provider’s detailed information is accepted, complete the additional information on the page and click **SAVE AND CONTINUE**.

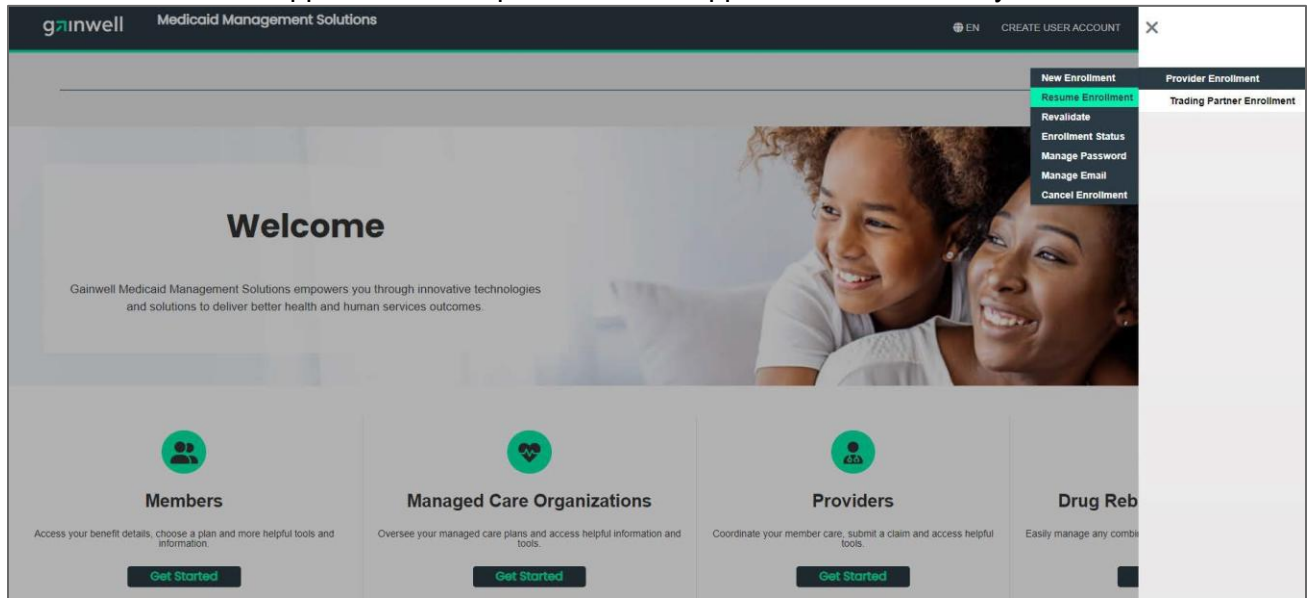
5. If the system is...

- configured to prepopulate re-enrollment applications with details from the Provider Management system, resume and submit the prepopulated application. You will receive an Enrollment Request Confirmation indicating the re-enrollment request was successfully placed with a tracking number and password to resume the enrollment application. After the application is submitted, you will receive notification of the enrollment's successful completion.
- not configured for prepopulating re-enrollment applications, the Enrollment Request Confirmation is not generated, and the application is not prepopulated. You will need to:
 - o Answer **Yes** to Were you previously enrolled as a Provider? **and** enter the previous Provider Identifier, then complete and save the General page.
 - o Navigate to the Specialty page, provide required information, and submit the application.

The enrollment team will contact you if the application requires corrections or is incomplete. Otherwise, you are notified after an enrollment decision has been made.

Resume Enrollment

This feature enables applicants to complete or edit an application that has not yet been submitted.



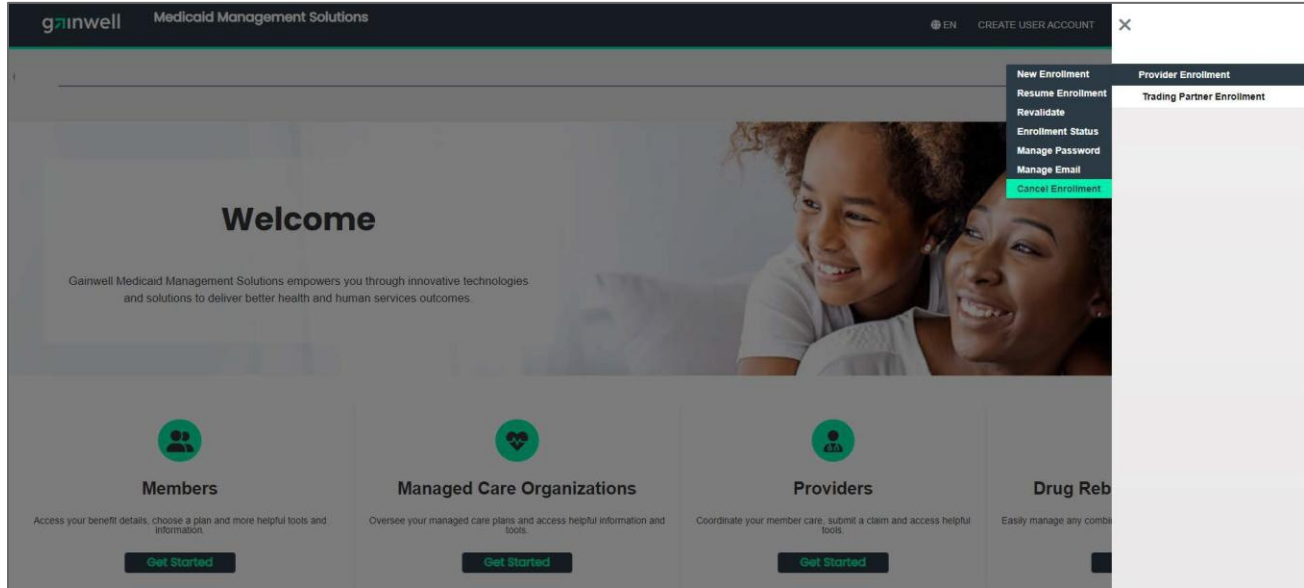
Enter the ATN and self-selected password to access the application.

NOTE: The system may be configured to require an Authentication code. If one is required, enter the code provided and click **SUBMIT**.

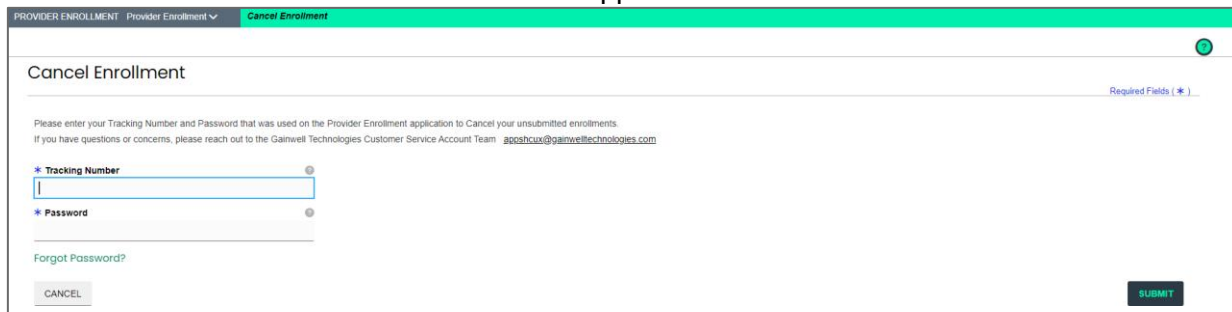
User will return to the last page from which the user clicked **SAVE AND CONTINUE**.

Cancelling Enrollment

This feature enables applicants to cancel enrollments in a non-finalized status, including enrollments in Workflow. A notification email is sent to the applicant’s registered email address notifying the provider that the enrollment has been canceled.



1. Enter the ATN and Password to cancel the application.



2. Click **SUBMIT** to return to the Home page.

NOTE: Applications in a finalized status (**Approved** or **Denied**) cannot be cancelled.

Return to Provider

When the enrollment team determines corrections are required, the provider will receive a Return to Provider (RTP) notification identifying the incomplete or incorrect information. Return to the application using **Resume Enrollment**, and make all corrections specified in the notification. Sign the provider's agreement before resubmission.

NOTE: Returned applications are available for a limited time as outlined in the notification. After the RTP time limit has elapsed, the ATN expires, and a new enrollment application must be completed.

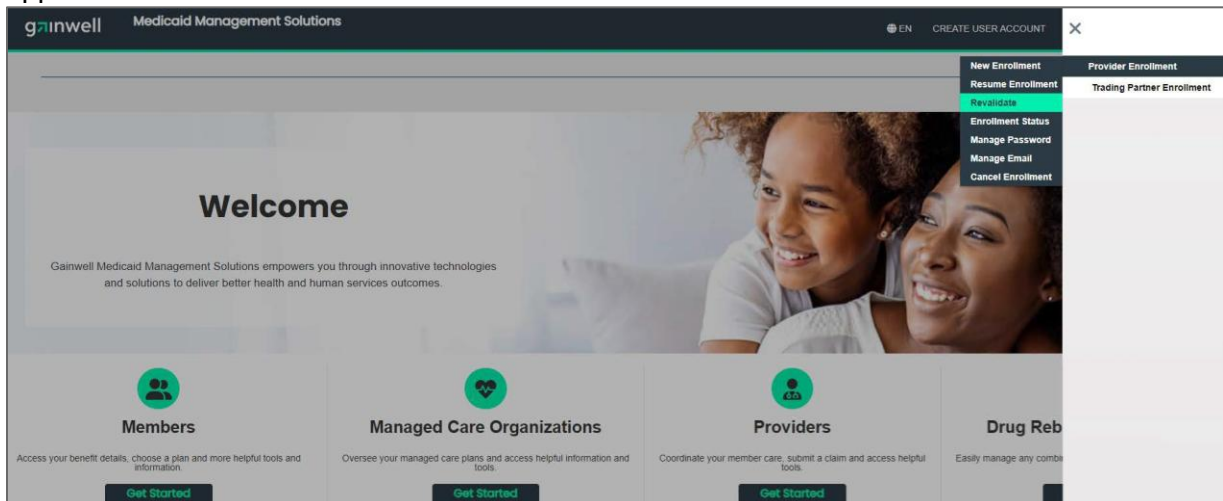
XV Revalidate

The Federal Law, known as the 21st Century Cures Act, requires all providers to enroll and revalidate every 5 years directly with DMAS through PRSS portal. This requirement includes billing, servicing, ordering, referring, or prescribing (ORP) providers who serve members through managed care organizations (MCOs) or Fee-For-Service (FFS), or both.

Providers will receive a notice to begin their revalidation 90 days before their revalidation is due. The notice is sent via email or U.S. Mail depending on the provider's communications preferences recorded in PRSS. Reminder notices are also sent at 60 and 30 days prior to the revalidation deadline. Notification letters are sent via email from: appshcproductNoReply@gainwelltechnologies.com. Providers are encouraged to add this email to their contacts, so the email is not marked as spam. DMAS encourages providers to begin the revalidation application upon receipt of the notification to allow for sufficient processing time and if needed corrections made prior to the expiration date. Providers can access their revalidation date in the provider portal or using the provider extract located at the following link <https://vamedicaid.dmas.virginia.gov/provider/mco>.

When revalidation is needed, a notification containing an Application Tracking Number (ATN) and password is received. Once received complete the steps in this section.

1. Logon and change the received password to continue with the revalidation application.
2. Click **Provider Enrollment**, then **Revalidate** on the menu to launch the revalidation application.



NOTE: The system may be configured to require an Authentication code. If one is required, enter the code provided and click **SUBMIT**.



3. The application pre-populates values on the following pages and fields:
 - General page (Initial Enrollment Information and Provider Information panels)
 - Specialty or Specialties
 - Addresses
 - Organization
 - Associations
 - Credentials
 - Provider Type
 - Other (Malpractice Insurance from original enrollment is not pre-populated)
 - Subcontractors (basic information only: Name, DOB, Tax ID)
 - Managing Employee and Controlling Interest names, addresses, and tax IDs
 - Ownership and Control Interest names, addresses, and tax IDs

4. If modification is needed in any read-only field, contact customer service. Fields include the following:
 - Enrollment Type
 - Provider Type
 - Birth Date (if applicable)
 - NPI
 - SSN (if applicable)
 - EIN (if applicable)
 - Legal Name
 - Tax Name



The screenshot shows a web interface with a 'General' header. Below it, there are two main sections: 'Initial Enrollment Information' and 'Provider Information'. In the 'Initial Enrollment Information' section, the 'Enrollment Type' dropdown menu is open, showing 'Facility' selected. In the 'Provider Information' section, the 'Provider Type' dropdown menu is open, showing 'Laboratory' selected. There is a 'Required Fields (*)' indicator in the top right corner of the form area.

5. Update the following editable fields as needed. Remember to select the programs into which patients will be accepted. (**FFS** and **MCO** is shown in the following example.)
 - Name (Last, Second Last, First, Title, Middle, Legal, Tax, and Doing Business As)
 - Birth date
 - NPI – only editable if invalid NPI
 - SSN – only editable if blank/Invalid
 - EIN – only editable if blank/Invalid

NOTE: A valid SSN, EIN, or NPI must be provided to be able to save and continue.

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**

Tax ID Type * **EIN** - * **IRS Effective Date** * **Provider ID**

* **Preferred Communication Language**

Are you Medicare enrolled? Yes No

If you choose "FFS and MCO" or "MCO (s) only", your information will be shared with the selected MCO programs. This application does not guarantee participation with the Managed Care Organizations. Each organization is independent. Please select the appropriate option.

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

Are you registered with CAQH? Yes No

6. Review each page of the enrollment, updating out-of-date information and adding required data that was not available for pre-population.

Key Factors for Successful Revalidation

IMPORTANT: Do not risk termination; revalidate as soon as possible. The time limit in which to complete the revalidation process, including submitting required corrections, is limited.

1. Keep your email address updated as this will direct your notifications for Revalidation.
2. Begin the revalidation process upon receipt of the notification. The application must be received and approved before the revalidation due date.
3. Verify that the pre-populated information is correct.
4. Complete all required information that was not pre-populated.
5. Make sure all required attachments are uploaded for faster processing.
6. Send the application fee immediately if one is required.
7. Respond promptly if the application is returned for corrections.
8. For additional information see the Appendix A FAQs

NOTE: Revalidation for "Provider terminated for Cause" within the grace period is not permitted.

XVI Change of Ownership (CHOW) Enrollment Process

Change of Ownership (CHOW) allows NF and ICFs to complete a 100% Change of Ownership through Provider Enrollment Application by completing a Change of Ownership request form along with their New Enrollment Request.

IMPORTANT: Do not proceed with a CHOW Request unless you are one of the following Provider Types and the NPI and Tax ID/EIN numbers are not transferring from current provider 14-digit SL ID to new provider. The timeframe in which to complete the CHOW depends on Medicare and VDH Issuance of CHOW CMS1539.

Provider Types that are allowed to submit a CHOW Request Form

- 010 – Nursing Facility
- 015 – Intermediate Care Facility

If you are a provider type that is not listed your enrollment does not qualify as a CHOW.

Definition and Requirements for CHOW Requests

What is a CHOW?

A Change of Ownership (CHOW) occurs when there is a complete, 100% change in ownership, and the National Provider Identifier (NPI) and EIN/Tax ID of current facility are not being transferred to the new facility.

What is needed to submit a CHOW Request Form?

To submit a CHOW Request Form, specific information and documentation are required to demonstrate the change in ownership and confirm that the NPI and Tax ID are not transferred to the new provider.

What currently enrolled provider and ownership information is needed to complete the CHOW Request Form?

The following information will be validated against the enrolled provider and ownership information on their 14-digit Service Location ID (SL ID)

- Current Enrolled Facility and Selling Ownership Information
 - SL ID Enrollment and Provider Type
 - SL ID Legal Business Name
 - Effective Date of CHOW approved by CMS for NF or ICF
 - NPI and EIN/Tax ID on SL ID
 - Selling Owner Individual or Legal Business Name and EIN/Tax ID
- New Facility and Purchasing Ownership Information
 - New Facility NPI and EIN/Tax ID
 - Purchasing Ownership Individual or Legal Business Name and EIN/Tax ID



Revalidation and CHOW

Change of ownership is not allowed when a revalidation for the same service location is in progress, and when an enrollment revalidation has expired and the revalidation is still within the grace period. The "Revalidation for this service location is in process. CHOW cannot be completed during revalidation" message displays

CHOW Enrollment Form Request Instructions

CHOW Welcome Page

The Welcome page includes questions to guide providers through the CHOW requirements for completion of a CHOW Request Form and starting a new enrollment.

Important Note: Only Select **YES** if ownership change is 100%, AND the NPI and EIN are not transferred to the new owner. If either condition is not met, it is not a CHOW. Select, No when Ownership change is less than 100%, OR the NPI and EIN will transfer to the new owner. If the information submitted does not meet CHOW criteria the enrollment application will be Returned to the Provider (RTP) and the provider must resubmit using the correct enrollment process

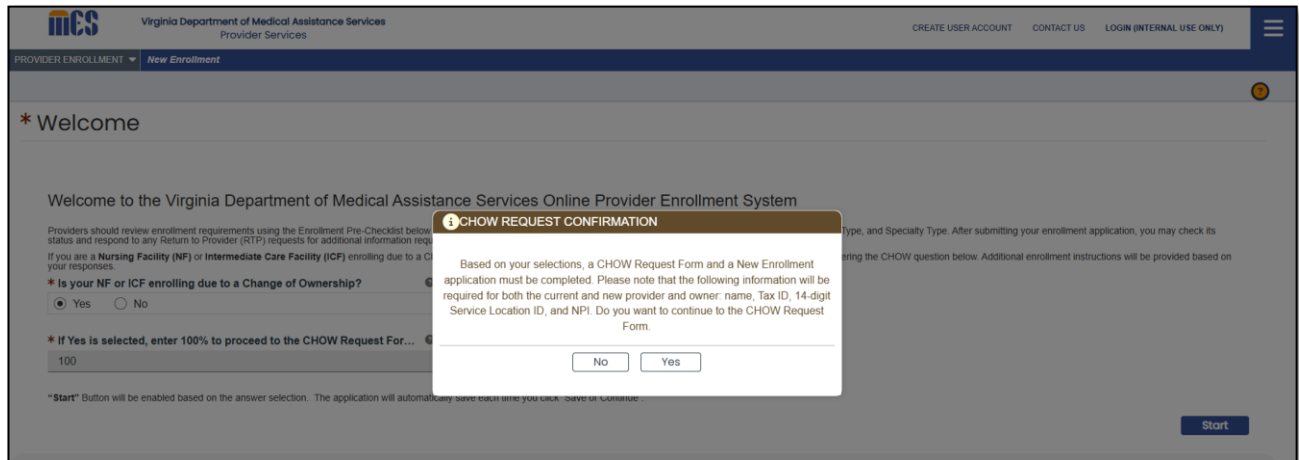
1. To initiate the Change of Ownership (CHOW) process, select Yes for the question "Is your NF or ICF enrolling due to a Change of Ownership?". Upon selecting Yes, further questions will appear.

The screenshot shows the 'PROVIDER ENROLLMENT' header with a 'New Enrollment' tab. Below the header is a 'Welcome' section with a heading '* Welcome'. The main content area contains a welcome message and instructions. A question is highlighted with a red box: '* Is your NF or ICF enrolling due to a Change of Ownership?'. The 'No' radio button is selected. Below the question, there is a note: '*Start* Button will be enabled based on the answer selection. The application will automatically save each time you click "Save or Continue".' A 'Start' button is visible in the bottom right corner.

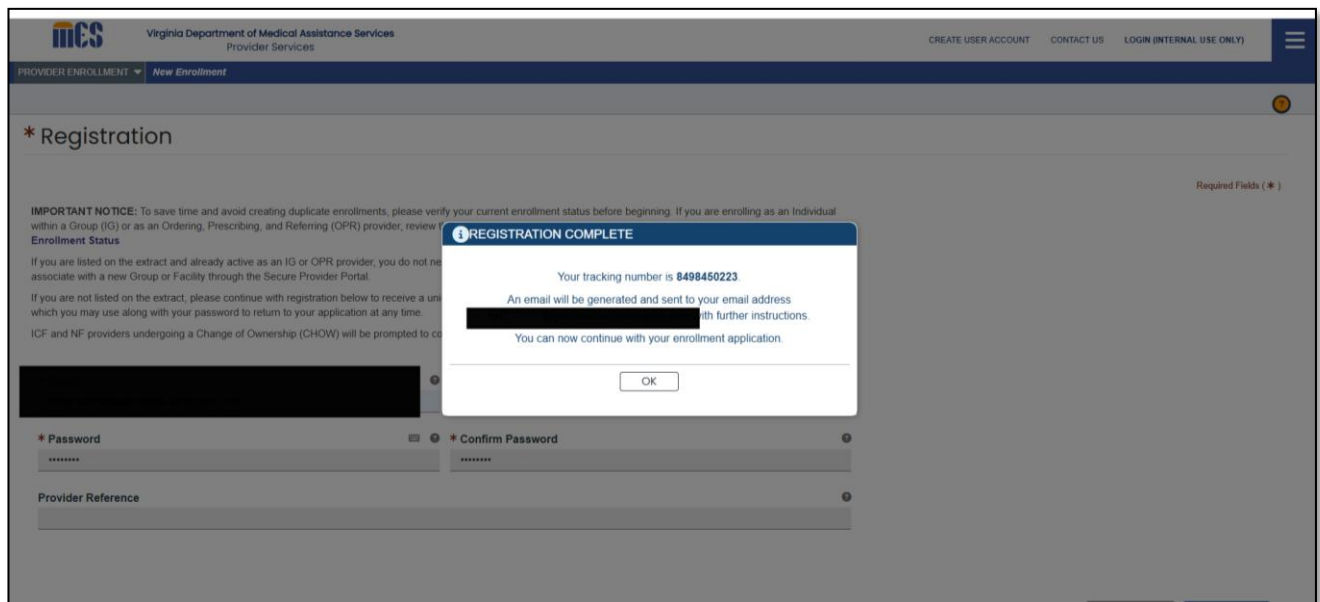
2. If you select YES, enter a percentage of ownership. To start the CHOW Request Form for a new facility, enter 100% ownership and click Start.

The screenshot shows the same 'PROVIDER ENROLLMENT' header and 'Welcome' section. The question '* Is your NF or ICF enrolling due to a Change of Ownership?' is now answered with 'Yes' selected. A new question is highlighted with a red box: '* If Yes is selected, enter 100% to proceed to the CHOW Request Fo...'. The input field contains the number '100'. The same note about the 'Start' button and automatic saving is present. The 'Start' button is visible in the bottom right corner.

- When the CHOW Request Form confirmation appears, click Yes to continue to Registration or No if you need to edit your previous answers.



- When Registration is complete, you will receive your Application Tracking Number (ATN). This ATN is needed to proceed to the CHOW Request Form.

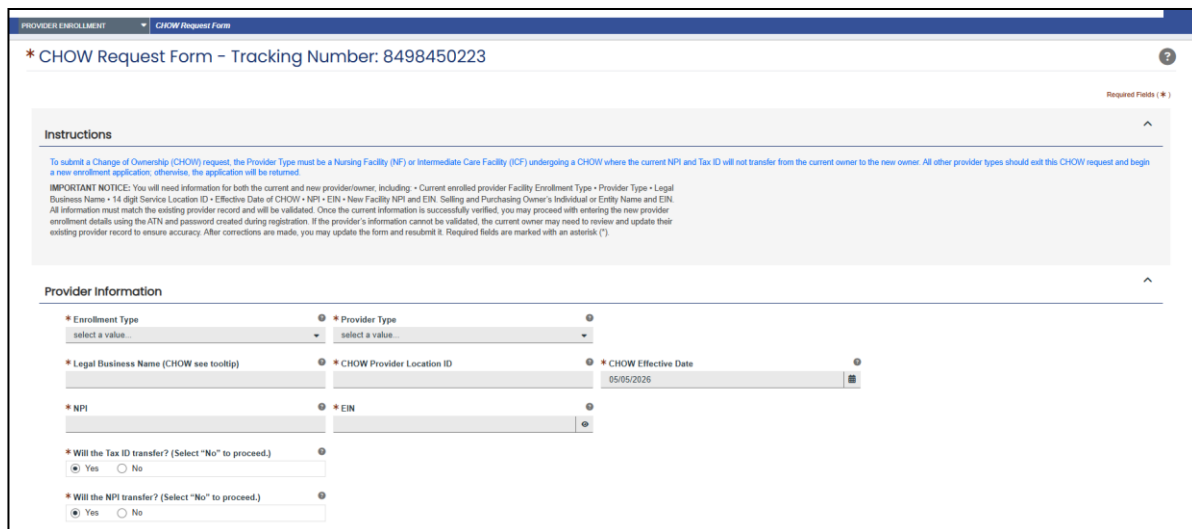


CHOW Request Form Page

IMPORTANT NOTICE: You will need information for both the current and new provider/owner, including: •

- Current Enrolled Facility and Selling Ownership Information
 - SL ID Enrollment and Provider Type
 - SL ID Legal Business Name
 - Effective Date of CHOW approved by CMS for NF or ICF
 - NPI and EIN/Tax ID on SL ID
 - Selling Owner Individual or Legal Business Name and EIN/Tax ID
- New Facility and Purchasing Ownership Information
 - New Facility NPI and EIN/Tax ID
 - Purchasing Ownership Individual or Legal Business Name and EIN/Tax ID

All information must match the existing provider record and will be validated. Once the current information is successfully verified, you may proceed with entering the new provider enrollment details using the ATN and password created during registration. If the provider’s information cannot be validated, the current owner may need to review and update their existing provider record to ensure accuracy. After corrections are made, you may update the form and resubmit it. Required fields are marked with an asterisk (*).



The screenshot shows the 'CHOW Request Form' interface. At the top, it displays 'PROVIDER ENROLLMENT' and 'CHOW Request Form'. Below this, a tracking number is shown: '* CHOW Request Form - Tracking Number: 8498450223'. A 'Required Fields (*)' indicator is present in the top right corner.

The 'Instructions' section contains the following text:

To submit a Change of Ownership (CHOW) request, the Provider Type must be a Nursing Facility (NF) or Intermediate Care Facility (ICF) undergoing a CHOW where the current NPI and Tax ID will not transfer from the current owner to the new owner. All other provider types should exit this CHOW request and begin a new enrollment application; otherwise, the application will be returned.

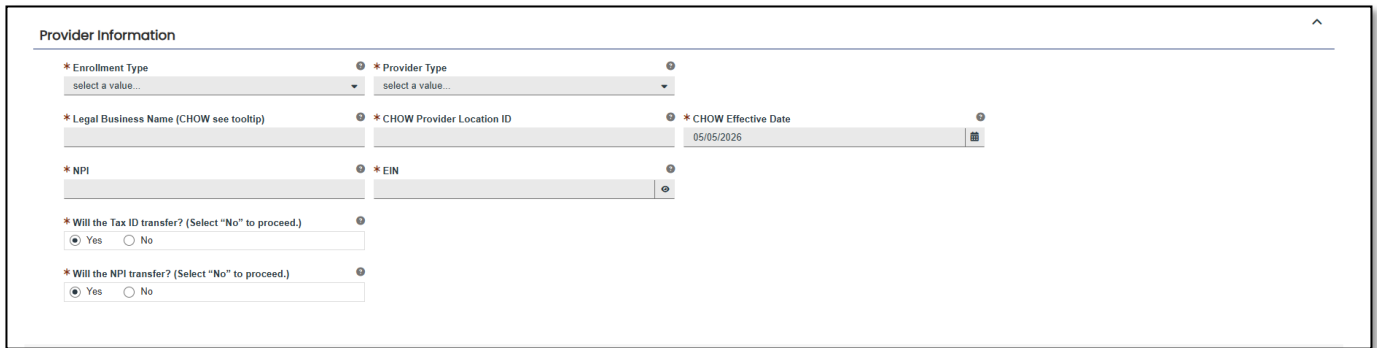
IMPORTANT NOTICE: You will need information for both the current and new provider/owner, including: - Current enrolled provider Facility Enrollment Type - Provider Type - Legal Business Name - 14 digit Services Location ID - Effective Date of CHOW - NPI - EIN - New Facility NPI and EIN - Selling and Purchasing Owner's Individual or Entity Name and EIN. All information must match the existing provider record and will be validated. Once the current information is successfully verified, you may proceed with entering the new provider enrollment details using the ATN and password created during registration. If the provider's information cannot be validated, the current owner may need to review and update their existing provider record to ensure accuracy. After corrections are made, you may update the form and resubmit it. Required fields are marked with an asterisk (*).

The 'Provider Information' section contains the following fields:

- * Enrollment Type (dropdown menu)
- * Provider Type (dropdown menu)
- * Legal Business Name (CHOW see tooltip) (text input)
- * CHOW Provider Location ID (text input)
- * CHOW Effective Date (calendar icon, value: 05/05/2026)
- * NPI (text input)
- * EIN (text input)
- * Will the Tax ID transfer? (Select "No" to proceed.) (radio buttons: Yes, No)
- * Will the NPI transfer? (Select "No" to proceed.) (radio buttons: Yes, No)

Provider Information - CHOW Request Form

This section collects data for the CHOW Request, including current and new ownership and provider details. The information helps confirm existing records, track CHOW transactions, and terminate current provider info when a new facility's CHOW Request and Enrollment Application are approved.



The screenshot shows a form titled "Provider Information" with the following fields and controls:

- * Enrollment Type**: A dropdown menu with "select a value..." as the placeholder.
- * Provider Type**: A dropdown menu with "select a value..." as the placeholder.
- * Legal Business Name (CHOW see tooltip)**: A text input field.
- * CHOW Provider Location ID**: A text input field.
- * CHOW Effective Date**: A date input field showing "05/05/2026" with a calendar icon.
- * NPI**: A text input field.
- * EIN**: A text input field.
- * Will the Tax ID transfer? (Select "No" to proceed.)**: Radio buttons for "Yes" (selected) and "No".
- * Will the NPI transfer? (Select "No" to proceed.)**: Radio buttons for "Yes" (selected) and "No".

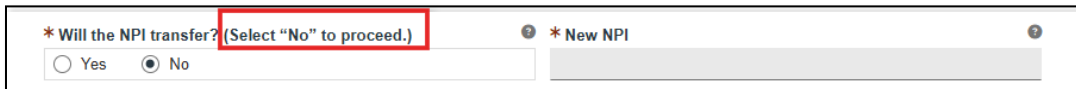
1. **Enrollment Type** – Select "Facility."
2. **Provider Type** – The provider type selected must be either Nursing Facility or Intermediate Care Facility (ICF). If any other provider type is chosen, the CHOW Request Form will be returned to the provider.
3. **Legal Business Name** – Enter the current legal business name that corresponds with the existing 14-digit Service Location ID being sold. DO NOT ENTER the new facility's legal business name.
4. **CHOW Provider Location ID** – Provide the current 14-digit Service Location ID of the facility being sold.
5. **CHOW Effective Date** – Record the CMS Medicare-approved Change of Ownership effective date for the transfer from the current facility to the new facility. This date must align with the CMS Medicare Certification and CMS1539 as issued by the Virginia Department of Health (VDH). It will serve as the effective date for the newly created SL ID and will trigger the termination of the previous/current SL ID one day prior to the CHOW effective date.
 - For example, if the CMS CHOW effective date is 01/01/2026:
 1. The approved effective date for the new facility's SL ID is 01/01/2026.
 2. The previous/current SL ID will be automatically terminated on 12/31/2025.
6. **NPI** – Provide the current 10-digit NPI on Service Location ID being sold.
7. **EIN** – Provide the current EIN/Tax ID on Service Location ID being sold.

8. **Question - “Will the Tax ID transfer?”** (You must select **No** to proceed) If **Yes**, is selected your enrollment request is not valid for a CHOW and you must exit the CHOW Request Form.



* Will the Tax ID transfer? (Select “No” to proceed.) Yes No * New Tax ID

9. **New Tax ID** – Provide the EIN/Tax Id of newly enrolling NF or ICF and which will be entered on claim forms for billing.
10. **Question - “Will the NPI transfer?”** (You must select **No** to proceed) If **Yes**, is selected your enrollment request is not valid for a CHOW and you must exit the CHOW Request Form.

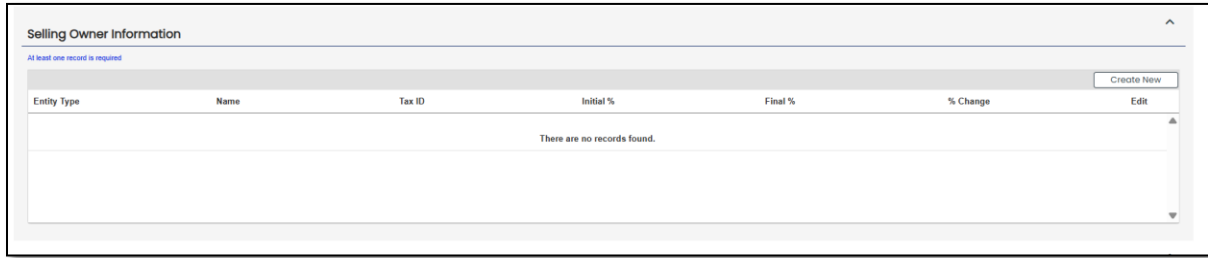


* Will the NPI transfer? (Select “No” to proceed.) Yes No * New NPI

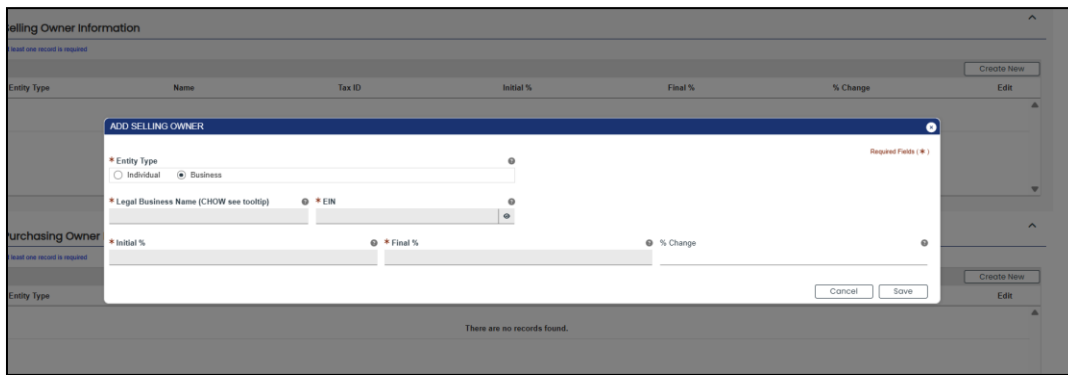
11. **New NPI** – Provide the NPI of newly enrolling NF or ICF and which will be entered on claim forms for billing.

Selling Owner Information - CHOW Request Form

This section gathers data for the CHOW Request for Selling Owner Information, such as ownership entity type, legal business name, EIN/Tax ID, and initial and final ownership percentages. The legal business name and EIN/Tax ID must match a record in the provider’s information for the facility being sold. The information is validated once the form is submitted and new enrollment application is initiated. If this information is not correct a new CHOW Request Form must be initiated and submitted.



1. Click Create New



2. Select Entity Type

3. **Legal Business Name** – Provide the legal business name on ownership and control interest disclosures record in the provider’s information for the facility being sold. The legal business name must match a record in the provider’s information for the facility being sold.

- If this information does not match, the current owner must update and provide the information to new facility prior to proceeding.

4. **EIN/Tax ID** – Provide the EIN/Tax ID on the Ownership and Control Interest Disclosures record in the provider’s information for the facility being sold. The EIN/Tax ID name must match a record in the provider’s information for the facility being sold.

- If this information does not match, the current owner must update and provide the information to new facility prior to proceeding.

5. **Initial % - Selling Owner Initial %:** Enter 100% as current percentage to indicate full ownership transfer.
 - If the percentage of ownership entered is less than 100% a message box will display to re-enter the information.
6. **Final % - Selling Owner Final %:** Enter 0%—selling owner has no remaining interest.
7. **% of Change** – Systematically displayed and must equal -100%

Selling Owner Information

At least one record is required

Entity Type	Name	Tax ID	Initial %	Final %	% Change	
Business	Selling Owner Entity Name	***6789	100	0	-100	Edit
					Net Change	-100

Purchasing Owner Information - CHOW Request Form

This section gathers data for the CHOW Request for Purchasing Owner Information, such as ownership entity type, legal business name, EIN/Tax ID, and initial and final ownership percentages.

The screenshot shows a table titled "Purchasing Owner Information" with a "Create New" button in the top right corner. The table has columns for Entity Type, Name, Tax ID, Initial %, Final %, % Change, and Edit. The table is currently empty, with the text "There are no records found." centered below the header.

1. Click Create New

The screenshot shows the "ADD PURCHASING OWNER" form. It includes the following fields:

- Entity Type:** Radio buttons for Individual and Business.
- Legal Business Name (CHOW see tooltip):** Text input field.
- EIN:** Text input field.
- Initial %:** Text input field.
- Final %:** Text input field.
- % Change:** Text input field.

 There are "Cancel" and "Save" buttons at the bottom right. A "Required Fields (*)" indicator is present in the top right corner.

2. Select Entity Type

3. **Legal Business Name** – Provide the legal business name on ownership and control interest disclosures that will be entered in on the new facility enrollment application.

4. **EIN/Tax ID** – Provide the EIN/Tax ID of ownership and control interest disclosures that will be entered in on the new facility enrollment application.

5. **Initial % - Purchasing Owner Initial %:** Enter 0% as Current Percentage to show no current ownership.

6. **Final % - Purchasing Final %:** Enter 100%—full ownership is transferred.

7. **% of Change** – Systematically displayed and must equal 100%

The screenshot shows the "Purchasing Owner Information" table with one record added. The record is highlighted with a red box. The fields are:

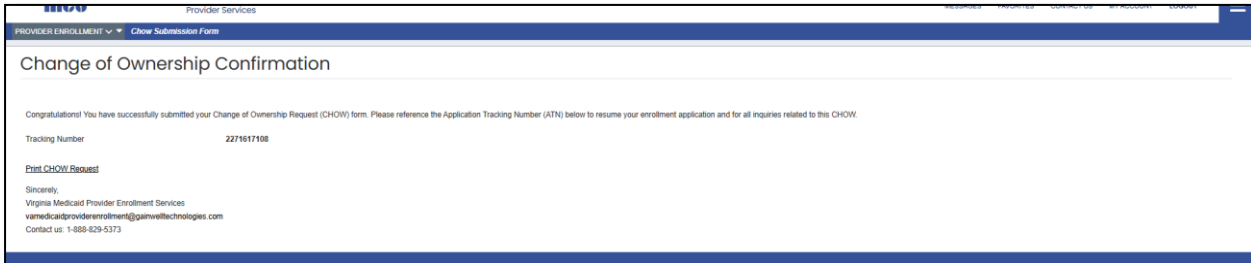
Entity Type	Name	Tax ID	Initial %	Final %	% Change	Edit
Business	New Facility Owner Name	*****321	0	100	100	[Edit]

 Below the table, a "Net Change" summary row is also highlighted with a red box, showing a value of 100.

8. Click Submit.

Submission of the CHOW Request Form

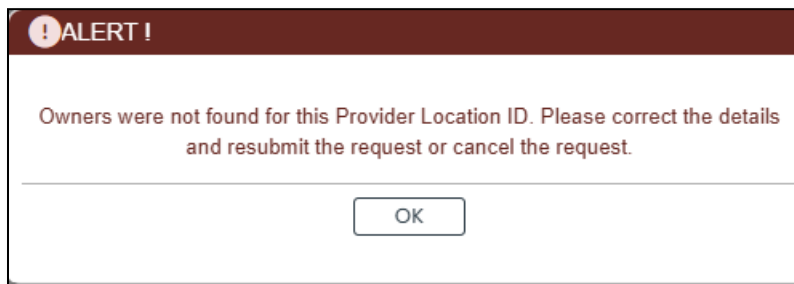
After successful submission of the CHOW Request Form, the Change of Ownership Confirmation displays where you can print the form by clicking on the link provided.



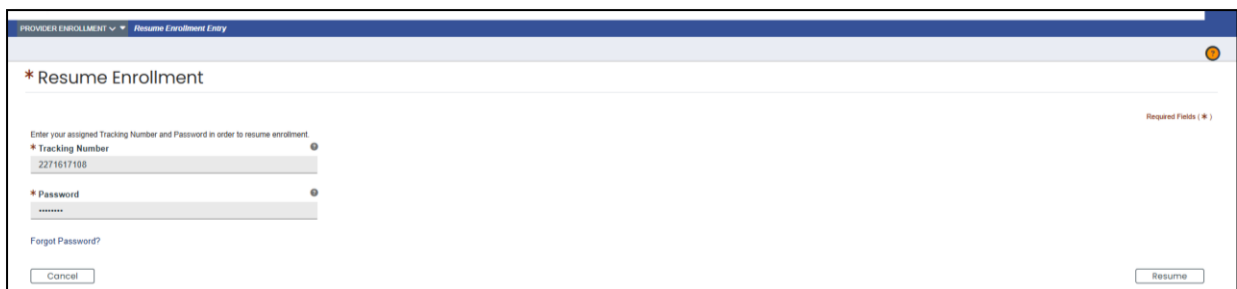
CHOW Enrollment

After successful submission of the CHOW request and once the provider's information is validated, resume the enrollment using **Resume** from the menu.

NOTE: If incorrect information is identified in Provider Management, you will be required to resume the CHOW Request Form, correct the data, and resubmit the form.



1. Enter Tracking Number and Password information from the registration step and click **RESUME** to redirect to the General page where information will be pre-populated (read-only) with details from the CHOW Request Form.



2. After resuming the CHOW Enrollment application, you will begin the new enrollment application for NF or ICF Facility. Some new facility provider information is pre-populated but can be edited on the General page with the details from the CHOW Request Form.

Initial Enrollment Information

Enrollment Type: Facility | Provider Type: Nursing Facility | Effective Date: 05/05/2026 | Receipt Date:

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: [REDACTED]

EIN: [REDACTED] | Provider ID: [REDACTED] 420001

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, 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:
select a value...

[View CHOW Details](#)

3. Click on **VIEW CHOW DETAILS** to review the CHOW Request Form in read-only mode.
4. You will proceed to entering in the new enrollment application information and facility will be required and be screened by Provider Type and Specialty Requirements. For specific information **See Section IV Enrolling as a Provider.**

CHOW Request and New Enrollment Approval Process

The Change of Ownership (CHOW) Request Form Information and New Enrollment will undergo a review process to determine approval. If additional details or corrections are needed, the form will be returned to the provider for revision and resubmission.

1. Provider Information Verification

Once the provider's information is verified as accurate, and the screening appropriate for the provider type and risk level is completed, the review for approval process will begin.

2. Approval Steps

- **Step 1 - CMS1539 Request to VDH** - PRSS will request a copy of the CMS1539 issued by VDH. The timeline for this step depends on the progress of VDH and CMS in the site survey process for final CHOW approval.
- **Step 2 - Rate Confirmation** - Upon receipt of the CMS1539 CHOW from VDH, PRSS will send a request to the DMAS Provider Reimbursement Department. The department will confirm that the provider-specific rates associated with the previous or current SL ID will be transferred to the new SL ID for the newly created facility.
- **Step 3 - Final Approval** - After PRSS receives both the CMS1539 and the Provider Specific Rates, the CHOW Request and Enrollment for the new facility will be processed.
- **Step 4 – Provider Specific Rates** – Rates will be added to the new 14-digit SL ID.
- **Step 5 – Provider Welcome Letter** - Includes the effective date and the new 14-digit SL ID.
- **Step 6 - Previous SL ID Terminated** – SL ID will be terminated one day prior to effective date of CHOW approval.
- **Step 7 - Bed Transfer** – This final step will complete the CHOW process. A request will be initiated to move Virginia Medicaid Members from the previous facility NPI association to the new facility NPI.

XVII Provider Maintenance

Manage Provider Information

Providers are responsible for updating their provider information such as license effective and end dates and updates to demographic information. Timely updates to your provider's information will keep the provider eligible and will not run the risk of termination.

Provider Self-Service

The following information can be managed through Self-Service via the PRSS Provider Portal. Please see the Provider Portal User Guide Located here [Provider Portal User Guide](#) for additional information on how to log in, becoming or updating Primary Account Holder (PAH) and how to manage additional users.

- License Updates
- Pay, Mail, Remit, and IRS address updates
- Add/Remove/Update Affiliation for Group, Facility, IGs and OPRs
- Manage Users
- Initiate/View Revalidations
- Navigate to external systems such as Claims Payment, Claims DDE, Service Authorization and Member Eligibility

Other Maintenance Items

The maintenance items below require a form to be completed. The forms must be updated electronically, saved to your computer and emailed to VAMedicaidProviderEnrollment@gainwelltechnologies.com for efficient processing of your request.

Download form here [Forms & Downloads | MES](#)

- Primary Account Holder Updates
- Electronic Funds Transfer (EFT)
- Adding VA FFS or other contracts not available through self-service
- Provider Termination Requests
- Application Fee Refund Requests
- Duplication 1099s

Appendix A: Common Reasons Enrollment Application are Returned to Providers

Did you know that half of all enrollment applications are returned to providers for the following errors? Providers are encouraged to review the information below for faster approval.

1. **Duplicate Enrollment Provider is already enrolled**
 1. Individuals within a Group only need one 14-digit service location id for each PT.
 2. If a provider is enrolled as an Individual or Individual within a group a separate enrollment as an OPR is not needed.
 3. For Group and Facility enrollments, each individual site where services are rendered. An administrative site or main site is not needed.
2. **Missing or Non-Matching License or Certification Attachment –**
 1. License attachment is missing.
 2. Effective or end dates provided on the application do not match the documents provided as proof of licensure/certification.
 3. License or certification does not match the PTPS of the enrolling provider.
 4. License or certification does not match the service address on the enrolment application.
3. **National Plan and Provider Enumeration System NPPES Address Mismatch -** The address in the National Plan and Provider Enumeration System (NPPES) does not match the service location address on the application.
4. **W9 Issue –**
 1. The address entered on the W9 attachment is required to match the mail to pay to, or service location address in the application.
 2. W-9 is not signed.
5. **MOU was not received for PS 902 or 920.-** Providers who do not have a Memorandum of Understanding for Crisis Services.
6. **CMS Certification -** When the Medicare information is searched in the Provider Enrollment, Chain, and Ownership System (PECOS), nothing came up for the provider.
7. **Tax Identification Numbers: Social Security Number (SSN) and Federal Employer Identification Number (FEIN) -** Individuals are required to use a personal SSN as a form of valid Tax ID. Facilities and groups will input a FEIN available to use as a Tax ID.
8. **Disclosures -** Business ownership information is required when completing the Disclosures section of the application. Ownership and Control Interest is submitted for the enrolling entity. If the enrolling entity is an Individual practitioner, Ownership and Control information of the billing provider is not required, so the response to Section A is generally "No".

A Social Security Number (SSN) is required for each owner when disclosing information to individual owners of the business. A secondary question, "Is this entity an individual?" must be answered "Yes" when disclosing information for individual owners of the business. An additional question, "Date of Birth" will be populated and must be answered when disclosing information for individual owners of the business.

If there is no ownership of 5%, the board of directors' information should be entered, including addresses, dates of birth, and social security numbers for everyone listed.

Appendix B: FAQs

Q. I was reviewing my new enrollment application and noticed some data is incorrect. The field is grayed out and I cannot edit it. What should I do?

A. When a field is grayed out in a new enrollment application, it is because it was copied from another area within the application. Return to the first place that you entered the information, change it there, click **Save and Continue**, and navigate back to the page you were on. The data will be updated.

Q. Can my effective date be greater than the 1st date of the month of my enrollment submission?

A. Any requests for an effective date prior to the 1st date of the month of your enrollment must meet specific criteria and will be reviewed by DMAS.

Q. I submitted my new, re-enrollment or revalidation application. Now what happens?

A. PRSS has 10 business days to process a complete and accurate enrollment. Upon submission PRSS performs screening checks on the provider, and all named disclosed entities against state and federal databases, as required under the ACA.

The screening results are then sent to provider enrollment services for review. If the enrollment application is clean and can be approved a notification will be sent with your 14-digit Service Location Id and Effective Date

The application may be returned to you for corrections or additional information. If you are a moderate risk Provider type, you are subject to an unscheduled site visit. If you are a high-risk Provider type, you are subject to a site visit and a criminal background check. The state renders its enrollment decision after all data has been reviewed.

Q. I received notification that my application is being returned to me for corrections. What do I need to do?

A. Return to PRSS and use the Resume Enrollment feature. Enter the ATN and your password. Make appropriate updates in the application, remembering to **Save and Continue** as you navigate through the pages.

After 30 days the ATN expires and is not eligible for resumption. If this is for a Revalidation your 14-digit SL ID will terminate, and you will have a 45-day grace period to resume your revalidation.

Q. How often do I need to complete a revalidation?

A. 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.

Q. When can I revalidate?

A. You will receive a notification 90 days prior to your revalidation date. 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.

Q. How long will it take to hear back on my revalidation status?

A. The screening process can take 10 business days to process. Additional screening requirements (Fee, Site Visit, and Background Check) may extend the handle time for the enrollment decision.

Q. Why am I unable to access and submit my revalidation; the application status is expired?

A. If your revalidation is not submitted within 45 days of the service locations compliance due date for revalidation and termination, you will need to submit a new enrollment application and select yes to previously enrolled and indicate the service location ID for the service location terminated. A Grace Period of up to 45 days is allowed on any provider revalidation that has not been submitted. If the provider revalidation is returned to provider, the grace period is not allowed. The provider will need to access and submit their application before the 30-day expiration requirements.

Q. How can I determine my revalidation applications status?

A. Navigate to: <https://virginia.hppcloud.com/> and select Enrollment Status. Enter your ATN and password that was entered when the enrollment application was started. 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.

Q. How can I change my enrollment details selected?

A. Depending on the change, the details entered can be edited using the edit icon. The Enrollment Type and Provider Type selections, however, 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. If the Enrollment and Provider Type needs to be updated, cancel the current partial enrollment and register to start a new enrollment application.

Q. When do I select yes to Are you currently enrolled as a Provider?

A. If you are not revalidating, select No and continue as a new enrollment. If you receive 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.

Q. When do I select yes to Were you previously enrolled as a Provider?

A. Only select Yes, if you are no longer active in the Virginia Medicaid program and wish to apply for re-enrollment. You must enter a 14-digit service location. Once entered you will have the option to say yes, re-enrolling and a pre-filled application will be created. This will require you to close current enrollment and respond to email with instructions on how to re-enroll.

Q. When do I select yes to Are you Medicare Enrolled?

A yes response 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.

Q. Do I need to pay an application fee on my revalidation application?

A. Based on your selections, the Amount Due displays either No Fee or the amount due. 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 is denied.

Q. What are my next steps if my revalidation is returned for corrections?

A. After submission, applications cannot be viewed or modified unless a PRSS Enrollment and Management Clerk returns it for corrections. 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 applications status will update to expired and will not be accessible.

Q. What if I do not submit by the revalidation compliance date?

A. If your revalidation is not submitted by the compliance date, the provider will have up to 45 days to submit the revalidation application as part of the revalidation grace period implementation. Select the resume revalidation option as normal to complete the revalidation. Providers who submit the revalidation will not qualify for a grace period.

Q. What are my next steps if my revalidation is denied?

A. You will receive a notification with reasons that your revalidation was denied. The provider will be terminated as of the revalidation compliance date if the revalidation application is denied. If you can address the denial reasons by the compliance date, you may submit a re-enrollment application.

Q. What are my next steps if my revalidation is approved?

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

- If you selected any MCO program(s) in the General Information section of your application, your application and participation request is submitted to the MCO(s).
- Any allowed changes made via the revalidation will be applied to the associated service location.