# Getting started with MA FFS Enrollment Training-

**Video URL: https://youtu.be/LSb0T35-veo**

Welcome to the Pennsylvania Department of Human Services provider Environment Training. The presenters for today's session are Lorna Elias, Gainwell technologies provider services manager. Benita Bishop, human services program specialist supervisor Scott Matlab, Bureau of Managed Care Operations. The purpose of this session is to provide instruction to those who wish to enroll as a provider and PA medical assistance.

Medicaid program. This session will focus on how to create a username and login, complete the provider application and discuss some of the documents needed to complete the application process. In addition, in addition, detailed instructions to access Medicaid managed care organizations will also be addressed. So without further ado, let's get started.

This is Lorna Elias, Gainwell technologies. Our primary topics of discussion today will be the Affordable Care Act overview. We're going to review the types of applications that providers can complete. We'll be talking about how to access the enrollment application resume an application that has previously been started. Check the application status. How to submit change requests and when to submit change requests.

We'll also review enrollment requirements as well as the enrollment application completion. And then at the conclusion we'll review some available resources.

The Affordable Care Act overview the federal mandated Affordable Care Act does require that all states comply with the provider screening and enrollment regulations that are found. The Code of Regulations 42 for 55, subpart E, titled Provider Screening and Enrollment Requirements as required by the Affordable Care Act. All practitioners, including those who order, refer or prescribe items or services for Ma beneficiaries, must enroll in the M.A. program in accordance with the federal Medicaid requirements.

A provider must be enrolled in the Pennsylvania medical Assistance Program as a condition of being enrolled or credentialed in a managed care network. The Affordable Care Act and implementing regulations do require states to revalidate the enrollment of providers every five years. Now, the types of enrollment applications we first have a new application, which is for a brand new provider never enrolled with PA Medicaid.

Or if you are a provider who is needing to enroll a new service location. There's also a revalidation application. So providers who need to revalidate per the ACA regulations every five years would complete a revalidation application, and that is only accessible to enrolled providers. We also have a reactivation application. So providers who are REM rolling with PA Medicaid, who's previous enrollment had been closed or terminated.

There is also a change request application that's for active providers who need to change specific enrollment information. And again, that is only accessible to enrolled providers.

Now navigating the application. The application consists of multiple pages that will guide the user through completing their online enrollment. The application will only display appropriate pages and questions that are collected from the user based on the provider type and provider specialty that they have selected, and they're enrolling as providers will have the ability to upload supplemental documents required for enrollment based upon information collected during the application process.

Once the application has been completed the application tracking number, or 18 each online provider enrollment application is assigned a unique Application Tracking Number, or ATM. An email containing the ten digit ATN will be sent to the email address entered in the contact information on the Request Information page of the application. Additionally, that ATN will display at the top of the application and the action is required to resume or check the status of the application accessing the enrollment application. So providers wishing to enroll will need to complete a new enrollment application. In order to do that, you need to go to the landing page of the Promise portal. The website address is listed there on the screen. Select New application from the Provider Enrollment section of the landing page, and then complete the application with the provider's information and submit.

Here is the screen that displays the landing page of the portal. The provider enrollment section there and the arrow pointing to the new application.

You select that, you'll be taken to the Request Information page. You providers will need to complete this page with making selections from the dropdown box for the program. Type, the provider type, and the enrollment type that they will be enrolling as. They will also need to enter in their fin or Social Security number of the provider that they're enrolling.

Give us the name of the provider. Answer the Medicare question and then provide us with the contact information. And this is the person who can answer questions about the application. Once it's completed, select save and continue to proceed to the next page of the application.

This is the service location address page. You will notice the arrow across the top pointing to the application tracking number. This will be displayed on each page of the application. Additionally, on this page you will see on the far left or the far right. Excuse me. At the top, the completion date. Please be advised that, all applications must be completed and submitted within 30 days from that start date.

If not, the application, will go away and you'd have to start all over again.

Email notifications. So the electronic enrollment system will send email notices to providers at key points during the application submission and the determination process. The emails will be generated from a Do Not reply email address and the following are the types of emails that you would receive. First, the online application initiated at initial is when you complete the Request Information page, which is the first page of the application.

Hit save and continue. You will receive an email notice. This notice will contain the application tracking number. Online application submitted. Once the provider has completed and submitted the application, they will be letting them know the application has been submitted to DHS. The online application returned to provider for revisions would be sent to the provider. If you had submitted an application and DHS enrollment staff had returned it for rework.

The online application initiated expiring is an email that would be sent to providers letting you know that you started an application, but you have not yet submitted it and it will be expiring. Remember, applications will expire after 30 days from the start date, and then the online application returned to provider. Expiring is when DHS enrollment staff has returned an application to a provider for revision and they have not responded.

The application will expire within 30 days, and that email would let them know that you have not replied or responded to the email or or your application that was returned to you.

Resuming an application. So how to check? Or how to check the enrollment application status. So resume an application does allow a provider to resume an application that has been started, but has not yet been submitted, or resume an application that was returned to the provider for corrections. Items needed to resume an application would be the ten digit application tracking number, the tax ID or Social Security number of the provider on the application and the password created and saved when the password created when saving the application.

To resume an application, go to the landing page of the promise portal. Select Resume Application from the provider enrollment section of the landing page. This link opens a window requesting the application tracking number, the tax ID, or the Social Security number and the password of the application. Once the provider supplies and verifies that information, they can resume an application that has not yet been submitted or an application that has been returned to them for correction.

This is the window displaying where you can resume your application. Once you click Resume application, you will then be prompted to enter in the ten digit Application Tracking number, the tax ID, or the Social Security number of the provider on the application, as well as the password. Hit submit and then you will be taken back into the application.

Now the application status. This allows a provider to check the status of an existing application, either one that was submitted or returned, items needed to check the application status, or the application tracking number, the tax ID or social security number of the provider on the application, and then the password created when saving the application to check the status of a submitted application.

Go to the landing page of the promise Portal. The website address is listed there on the screen. If we select application status from the Provider Enrollment section of the landing page. This link opens a window requesting the application tracking number, the tax ID or Social Security number of the application, and the password. Once applied and verified, the provider can view the status of the current application, whether it was submitted or not.

The provider can also view the application a PDF of a submitted application from this page, and you can actually download that.

Data. Here is the window showing where you can select the application status. Once you select application status, you will be prompted to enter in the Application Tracking number, the tax ID or Social Security number of the application and the password that you had saved. Upon creating the application, you will then see the Application Status Summary window which will display the status of the application.

Also noted in red. You will be able to load and get a copy in PDF format of the application. Also, if the application has been approved, there is the approved Application Summary section.

Okay, a change request. When to submit a change request or how to use it. The change request allows providers to change specific enrollment information through the electronic Enrollment portal. Providers can update group member information. They can close an existing service location. They can make a change to mail to pay to or home office address information for an existing service location.

They can make a change on an IRS address for an existing provider ID. They can also make a change to an email address for an existing service location. Terminate association or fee assignment with a provider group by an individual. They can add or terminate a specialty code for an existing service location, or update a clear if needed. A change request is going to be the fastest way to be able to check to make changes for these particular tasks.

How to submit a change request. You want to go to the landing page of the promise portal. You want to log on to the promise portal and select Change Request from the Provider Services section on the My Home page.

This screen shows you where you'll find that change request link.

On to a revalidation request.

Now enroll providers. Per the ACA, regulations need to revalidate an active service location every five years in order to access the revalidation application. Providers will need to log on to the Promise portal using their provider's log on credentials from the Provider Services section on the My Home page. Once you log in, you want to select revalidation and complete the application and submit.

Please note that some fields on the revalidation application may be pre-populated with the provider's information.

Again, here is the My Home page of the promise portal with an arrow pointing to the revalidation. Please note if you are a provider and you do not, revalidate. Submit a revalidation application prior to your revalidation expiration date. Your service location would be closed.

reactivation requests. So providers who wish to reactivate an existing service location that has been closed for more than two years. In order to do that, you need to go to the landing page of the promise Portal. Select the reactivation from the Provider Enrollment section on the landing page, and then complete the application and submit it.

And again, here is the window showing the landing page of the promise portal and the arrow pointing to the reactivation. For those service locations that have been closed for two years or more.

Now, providers who wish to reactivate a service location that has been closed for less than two years. The process is a little different. You need to log on to the promise portal using the provider's log on credentials from the Provider Services section on the My Home page. You want to select reactivation and then complete the application and submit again.

Some of the fields may be pre-populated with the provider's information.

Here is a screen of the My Home page of the promise portal. And again, if you are a provider who is wanting to reactivate service location that has been closed for less than two years. Select the reactivation link.

I'm now going to turn it over to Benita Bishop, Human Services Program Specialist supervisor will review the enrollment requirements and completion.

Thank you. Elena. Now we just we will discuss enrollment requirements in order for providers to participate with the Department of Human Services, DHS, they must first enroll to be an eligible to enroll. Practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency. Out of state practitioners must be licensed and currently registered by the appropriate agency in their state, and provide documentation that their participation in that state Medicaid program.

For example, if a physician, in Maryland would like to participate in PA Medicaid, they must also submit documentation that they are currently in Maryland. State Medicaid. Other providers must be approved or licensed, having issued permit or certified by the appropriate state agency and if needed, be certified under Medicaid, Medicare.

Examples of enrollment documents. Example of enrollment documents may be ABA, which is the copy of the Drug Enforcement Agency, a copy of the minutes. They provide a license, certificate or permit, current copy, provider's board certification, and in some cases, their NPI, which is the national provider identifier. Please note expired documentation will delay or prolong the application process.

Enrollment in state Medicaid does not guarantee enrollment in individual MCO networks. New providers should contact each MCO directly to explore their provider network needs, and some MCO provider networks may be closed due to network adequacy.

Data provider times. In this session, we are documenting, all of our applications pertaining to general provider types. And here you see a list of those general provider types. For a complete list of the provider types, please go to the link listed here below.

Now we will actually go through, a walk through for the enrollment application. And we will start with a new individual application.

This is a copy of what we see in the work queue. This is the application summary of all the information that you have submitted. And we will start with the provider and contact information. Here you will see the provider type which is Pennsylvania medical assistance p a m a this particular provider type I'm sorry. That was the program type.

And this provider type is the physician 31. The enrollment type is individual with social security number. Next you would you would see in your application the last name, first name and middle initial of the provider to be enrolled. Also the social security number will be listed here as well. Please note the full Social security number is needed. It is a requirement.

Next is the. Are you a Medicare participating provider? The answer is either yes or no. Your contact information. This contact information is extremely important. You must have the complete name, phone number and email address of the person you will like for us to contact if there is an issue with your application. If an application must be returned, we must know the correct email because that is the email.

The application will be returned to.

So in this location and general historical questions under this service locations, you must list and address that is recognized by the United States Postal Service. We do not accept P.O. boxes. Please list if you are a co-location provider. You would answer yes or no under the general and historical questions. The first one is will you be performing services only as a ordering, referring and prescribing provider?

The example is you are not the rendering provider on the bill. So you answered no. For the providers who are participating under, the Medical Care Availability and Reduction of Error Act. You will answer yes or no. And for those who do not know, Medicare, which it stands for, is a state run program in Pennsylvania that provides compensation for medical malpractice victims in care also aims to reduce medical errors and ensure that health care providers comply with liability and insurance requirements.

Next, you have questions relating to the exterior interior steps leading to the entrance doorway. You will be asked if this is an active role health clinic or for UHC, which stands for Federal Qualified Health Center. Next, you will be asked if you have any type of screening, for this location within the last 12 months by Medicare, your children's health insurance program, which is Chip or another state's Medicaid.

Now, other agencies, under this section, you will also be asked if you would like to receive a email notifications for new bulletins. You will have the choice to say yes or no. The other addresses that they are referring to are your mail to and pay to addresses. If you choose to keep the same address as your service location, then you will check here below.

If not, you will list the different addresses. That you would like your mail to be sent to, or your pay to, or payment mail to. In this case, you will. You are allowed to choose a P.O. box for this section or specialties. Here you will list the type of specialty, that you will be operating under. You have specialty should match the license. Your state license, that you have received from your state agency. Here we have a physician 31, and this specialty is 328 for the ObGyn. Also under specialties, you will see your license, certificate and permit information.

Here you will list, the issuing entity which is under Department of State in this case for PA your number state license number will be listed here. Also the issuing date and the expiration date. And again please remember only list current information.

Next we have the Provider Eligibility program which we call Pep. In this section you will also, asked if you were requesting an effective date prior to the application submission date. You would answer yes or no. If you do answer yes for what we which we consider a back date, you will be required to submit a document explaining why you are requesting a back date.

In that letter, please make sure you enter the actual date you are requesting. Next, we have the associated tap. In this case, this provider is asking for fee for service. Fee for service covers all Medicaid recipients. But you also have a choice to choose Chip, which covers children only enroll, not paid, which means you are enrolled with Medicaid, but you will not be paid directly or, enrolled rendering only, which means you are enrolled in, you will also receive credit for the work that you do.

Now the provider identification provider identification listed here is the information that you would like us to send you. 1099 so this information is vitally important. Please make sure that you have the correct name and address, and the contact person. In case there is an issue, we will have someone that we can speak to directly along with their email address.

Please note the name must match the address verification document and at any given time we do not accept W9 as form is for application for tax ID be.

Provider identification continued. Here you enter the birth date, gender and if you choose the title in degree. If you are board certified, you will answered yes or no. And then if you do answer yes, you will be required to upload that document here listed as the NPI. So you will enter the NPI number along with the taxonomy associated with your NPI.

This is also checked by the NPI registry as well. The last question here, do you want Medicare claims to be crossed over to this location. And that's self-explanatory. That would be yes. Or no.

Provide identification. Continued clear certification. The question is all right, a clear which is, the clear certificate and a Pennsylvania Department of Health lab permit associate it with this service location. This is not a required document. So, you answered could be yes or no. If yes, you must upload that documentation. Also, the DEA, which is the Drug Enforcement Administration certificate, if you do have one for the provider, you would answer yes in that document will also need to be uploaded later.

Please note when attaching a Pennsylvania Department of of clear Clinical Lab permit, please be sure to address. Please be sure that the address for the Clear certification and the clinical lab permits identify the same address you are attempting to enroll. All documents must be current.

Additional information here we have enrollment languages. So if you, do wish to include languages other than English, you would answer yes and then choose the appropriate language. Also, we have additional enrollment questions asking if you had a diabetes training. If you provide mammogram services or any type of topical fluoride varnish services. See assignment. Would you like to be fee assigned or link to a group?

Those individuals who are working for a business or a medical group? You would say yes. And by saying yes, this means that you are allowing us to pay your employer and in fact, your employer would pay you if you answered this question. No, Medicaid will pay you directly.

Now, beginning towards the end of the application. And we have provider disclosure questions. In this case, we are asking, have you ever had any type of privileges, hospital privileges, denied suspended vote or any judgment entered against you, any type of liability lawsuits or mental health conditions that would impair you? These questions are extremely important. If you answer yes to any of the disclosure questions, you must upload a document explaining the reason for, you saying stating yes.

And here are the provided disclosure questions. Continue. Still asking if you've been terminated or excluded. If you've been debarred, if you had any type of disciplinary actions against you relating to your licensing. If you've ever been convicted, if there have been any default or repayments as far as a scholarship or any type of, loans connected to your education.

So again, you won't answer yes or no. Anytime you answer yes, you must upload documentation to that degree if.

Now ownership and managing individuals here you will list ownership and managing employees. And for a individual and managing employer or agent is not required. But if you choose to have one, you would answer yes and you will list that information. Their name and information. Under an individual enrollment. There is no direct or direct ownership. So the answer will be no.

If there's a criminal offense or any type of significant business transactions, you wouldn't answer yes or no as well.

No attachments in the applications where you answered yes, here is where you would have to upload that documentation option. In this application, they stated that they had a copy of their DNA and it was uploaded here, that they stated that they were board certified and also that they had their state license. All of this information is loaded here.

If an answer was, under the provider disclosure, if you answered yes to one, you will also upload that documentation here as well. And as it states here, providers will be required to upload certain verification documents before submitting the application.

Signature for individual enrollment. Signature for individual enrollment. The signature on the application and the provider agreement must be the individual provider's signature. Being enrolled. With that being said, sometimes providers have office managers complete applications for them, and on the application you must have the provider's name and especially on the provider's agreement, because it is a legal document between Medicaid and the provider.

After signing the agreement and application, please review before submitting it to the department. All applications pass through automated checks that take up to 15 days before appearing in the department's work. You. The department cannot see the ATM, the application tracking numbers, unless they are submitted.

And here we have the provider agreement for outpatient providers. This is a legal document between Medicaid and the provider. And as you see here, this is John Smith, which is the provider being enrolled. This agreement states that all information entered on the application is correct to the best of your knowledge, and that if the Medicaid or any state agency requires you to submit documentation, you must submit it upon request.

Here's the provider agreement continued. And based on this, as I stated before, it is the agreement is stating that all information submitted is to the best of your ability.

And again, it is signed by the employer, by the provider and date it at the bottom. As you will see that it was prepared on a particular day, by the Department of Human Service Provider enrollment online application.

Now we will discuss a group revalidation application. This application is very similar to the individual. And but you will actually you will see some differences here at the beginning. You will see the program type again, which is Pennsylvania medical assistance p a m a you have the provider type. In this case it is a dentist and the enrollment type instead of into individual with the social security number, we have a group.

With a group you should have the entity name and the FERPA in or the tax ID number. Because this is a revalidation. This application means that you are already a current employer, provider with Pennsylvania Medicaid and you already have a provider number. And this is where you would enter your 13 digit number. Next, you were asked if you are a member, if you are participating in Medicare.

Again, we have the contact and service location information. And as I stated before, this information is vitally important because if something is wrong with the application, we must know who we need to contact, via phone or email. Next we have the service location, which must be, an actual street location that is recognized by the United States Postal Service.

Again, we have the general and historical questions. Here we have, will you bill for the mobile, for a mobile medical unit for this location or a mobile dental unit, the exterior steps or interior steps leading to the entrance, if you are an active oral health clinic or RFQ, RHC, which stands for the Federal Qualifying Health Center.

And if this service address has been updated to support 911 addressing system insomnia for no questions the other addresses. As I stated before, you can have the same address, Azure service location if you choose not, you will change your address for the mail to or pay to or home address.

The specialties here. In this case the dentist has multiple specialties that they would like to enroll as. And then of course, you can enroll with more than one specialty.

Provider eligibility program. The Pep and intersections. You can request your prior back date again. If you say yes, you must upload a document stating why with the requested date that you are asking for and the Pep Provider Eligibility Program. In this case, it is fee for service provider identification. You have your legal information here. This is the information that is required for your 1099. Please make sure for your businesses that your name matches your tax ID. The document. If your name does not match the tax I.D. document, this can cause an error in payment because the Treasury will not pay for and name that does not match the provider enrollment.

So please make sure that whatever document you submit for your arrest document or FBI in your legal name is the same. And then again, your contact information, in case there's an issue with your 1099, we need someone that we can speak with or email.

Okay. And then here we have your address, legal name and address. Again, the name must match the IRS verification document. And again, we do not accept the W9 form as a tax ID. Verification.

Now this is something different for a group or entity. You must list your organizational structure. In this case this is a not for profit organization. Or you could be a for profit organization. You must list, if you are an entity organized as a corporation, and if so, that documentation will be requested. Also, you must list if you are, operating as a DBA, which stands for Doing Business and next is your NPI.

Your NPI will be listed here for the business, not an individual. And the tax and the business taxonomy and as you see here, we have multiple taxonomies for the MPI for the group.

And lastly, do you want Medicare claims to be crossed over to this location. In this case the answer is yes. And by answering yes you are acknowledging Medicare claims for cross over to this location and no longer cross over to any other previously selected location which shares the same NPI number.

No additional information. The enrollment languages. If you operate with more than one language, you would list that here and choose the type of language here you see Chinese and Spanish. You enrollment questions. Do you have a certificate of completion for your topical fluoride varnish? Answers yes or no. Because this is a not for profit. It's asking if you are tax exempt.

In this case they are. So they must upload a document from the IRS stating that they are tax exempt, not from the state of pay, but it must come from the IRS showing that they are, for example, in 501 C3 organization.

Next assignment. Now here is asking would you like to associate members to your group? Groups must have at least one person for fee assigned to their business. In this case we have Blake Stevens and you would list the providers. Provide a number.

Now we have the provided the scope disclosure questions. And as stated before, these questions are for the agent, managing employee or providers associated with this business.

And we're asking if anyone has been terminated, excluded or precluded, suspended, had any type of disciplinary actions, any controlled drug licenses, withdrawn or any type of criminal conviction in this pertains to everyone who worked for this business. You would answer yes or no. If the answer is yes, you must upload the documentation explaining why.

Again, we have the continuation of the provided disclosures and the same as before. If there's any type of criminal offenses, if you've been convicted of obstruct investigations, issues with controlled substances or default or repayments, just to go over a few of the questions, please answer yes or no. If you answer yes, you must upload your documentation.

No change of ownership without change. The IRS tax number. There's some companies may have a change in ownership or control interest. And here are the steps in case this happens. Without a change in the overall IRS tax number, please complete the Ownership and control interest form which will be located in the application for you. Do not submit the changed information on the form must be completed to show the ownership control structure, as it will be after the transaction.

After the transaction takes place, only one form should be submitted per tax ID, not per service, location or NPI, etc. please make sure to complete section I manage an employee for each service location under the tax ID, and a copy of the sales agreement is also required for home and community based waiver providers in nursing facilities.

Now, if you are a company that had a change of ownership or control interest with the IRS tax ID number, it's been changed. Please submit the following. You will have a fun letter with the following information a statement of the change that will take place. Example of merger. Acquisition, current tax ID, our last name and the medical assistance provider number.

The new tax I.D. number and IRS name, and anticipated or actual effective date of the transaction and contact name with phone number and and or email. I would be both phone number and email.

Also, a copy of the sales agreement for home and community based waiver providers and nursing facilities, and the enrollment application with requirement for the appropriate provider time with the ownership and control the interest form completed included as part of the enrollment application. Please note all documents and inquiries related to changes of ownership and control interest officers, board members, tax, tax, I.T and etc. should be sent to the following email.

Now, in the application you will see under section the ownership managing Individuals. And as I stated before, all groups or entities must have a managing employee or agent. You must list their name and all of their information here as requested. Their name and their social security number and address, and also the type, whether they are a managing employee or an agent, a managing employee.

It's kind of considered like the managing or the office manager. And an agent is will be considered as, sometimes it's outsourced where you have a company do your credentialing for you. Also, you have the question as the individual listed above and convicted of any criminal offenses, can we answer yes or no?

Now here you will list, your ownership also. You will list your board members. So here's is state. Does any individuals have at least 5% direct or indirect ownership and or control interest, example service officer or what members and they disclose an entity and you must say yes. For a business for profit you would list individual or individuals in this section and with their name, Social Security number, address and their percentage of the business, their direct percentage and indirect, and the name of the entity owned.

If it is a not a not for profit organization, you would list the board members here. For board members listed in this section, individual board members, you must list all the information here, but board members do not have a actual percentage in a business. They do not own the business. So all board members will be listed as zero.

And as you see here corporate entities with ownership or control interests in to disclose an entity to any corporate entities have at least 5% or more and direct or indirect ownership interest and undisclosed an entity. And this question is followed by question regarding subcontractors ownership. These questions are asking about the disclose corporate owner and if they own other entities as well.

After this section is completed, you will need to upload verification documentation to be able to submit the application. Please note as you answer the questions in the portal, any item that has a paper clip will require a document to be uploaded. There.

all entity and individual provider applications will require the signature of the of a provider agreement. The agreement must be signed by the individual or entity or on an entity application. The signature must be from an individual in the organization that can make business decisions on the behalf of the entity. With that being said, just to make sure that that is clear and individual on the provider agreement must be the individual name for a group or an entity.

Anyone can sign the application that is allowed to make business decisions on behalf of an entity. The corporate entity question must be yes. If the individual ownership question is no, this question is yes. Any time to tax side B is owned by a corporate entity. After signing the agreement and the application, please review before submitting to the department and note all applications pass through automated checks that can take up to 15 days before appearing in the department's word queue.

The department cannot see attend the application tracking number unless they are submitted.

And here, as you see, with asking for the information for a corporate entity with ownership or control interests and this is what I just described, if it is an entity you will list this information here, the tax I.D. number, the address. And then you would enter the entity, percentage. In this case, it was a 100% ownership.

And as I just stated, you have the questions. That's show that's asking for individuals with ownership for subcontractors, the corporate entity for subcontractors, contractors, the disclosing entity, ownership or control interest in other entities and significant business transactions. And all of these will be yes or no.

Next, without revalidation applications. Now, if a group has multiple locations that they want to be without at the same time here we can do this. You can do can we temporary validations at the same time with this one application. And as you see here, this group decided to re validate their second location. And when this application is approved.

So both locations will be approved at the same time, you will list the provider ID number, the name of the business, the address and the revalidation date along with the NPI.

Next you have your attachment. As stated before, any time that there is a yes question or you see the paper clip, you are required to upload your documentation. In this case, because it is a group, we have the IRS document that will verify the FOIA number. We have the copy of Department of State Corporation and Bureau document, which thinks that what type of business they are in a for profit or business for profit, what type of corporation.

Also we have the completed group members form, and if you remember, I stated all groups or entities must have at least one person assigned to the group. And on this group members form, you will list that those individuals there. In this case, this group is a not for profit. So they and they stated that they are tax exempt. So they must upload their IRS package tax exempt document.

And please note, providers will be required to upload certain verification documents before submitting their application.

And lastly we have the submission details. Again we are asking you to sign verifying that all the information, to the best of your knowledge is correct. Any false statements or missions, could be subject to prosecution. If we require you to submit any documentation, you will do so. And then at the end, it is signed and dated by anyone that is able to work on the behalf of the business.

And as you will see, that it was prepared by the Department of State. I'm sorry, by the Department of Human Services providing enrollment online application.

Now, resources here we have listed, the all the resources that you can obtain to complete your application. The electronic provider enrollment application. Here's the link to provide enrollment information. This includes all information regarding the requirements for each provider type. We have the provider enrollment and screening requirements for the Affordable Care Act. Here's the link there. And it this includes the most current information from the department relating to the Affordable Care Act, ACA federally mandated regulations, Medicaid information, which provides information about the ACA federally mandated regulations and how they relate to the Medicaid program.

The Department of Human Service website. We have the Provider Assistance Center, which obtains promise portal account information and portal password reset. So any time you have an issue, with your application or promise, please call this number and they will be able to help you. We have, provide a quick tips and here's a link. We have the, number to 70 revalidation of multiple locations like the application I just showed you 265 how to check the status of your electronic provider enrollment application. And 195 additional information on provider enrollment, application fees. And yes, there are some applications or some providers that require a fee. All general providers do not require a fee.

The Medical Assistance bulletins, as you see here. And then here is the bulletin. So the link for the bulletins search and the DHS service center, phone number. Please call the back 800 number and it tells you the options to choose for enrollment. If you need to speak to a enrollment specialist, this will be the number for you to call.

Okay, so now I'm going to turn it back over to a miss Lorna Elias.

Thanks, Benita. Okay, that concludes our portion of the training. Now Scott Matlock, will take it over with the MCO portion.