CNSI innovation@work

Atypical Agency Enrollment

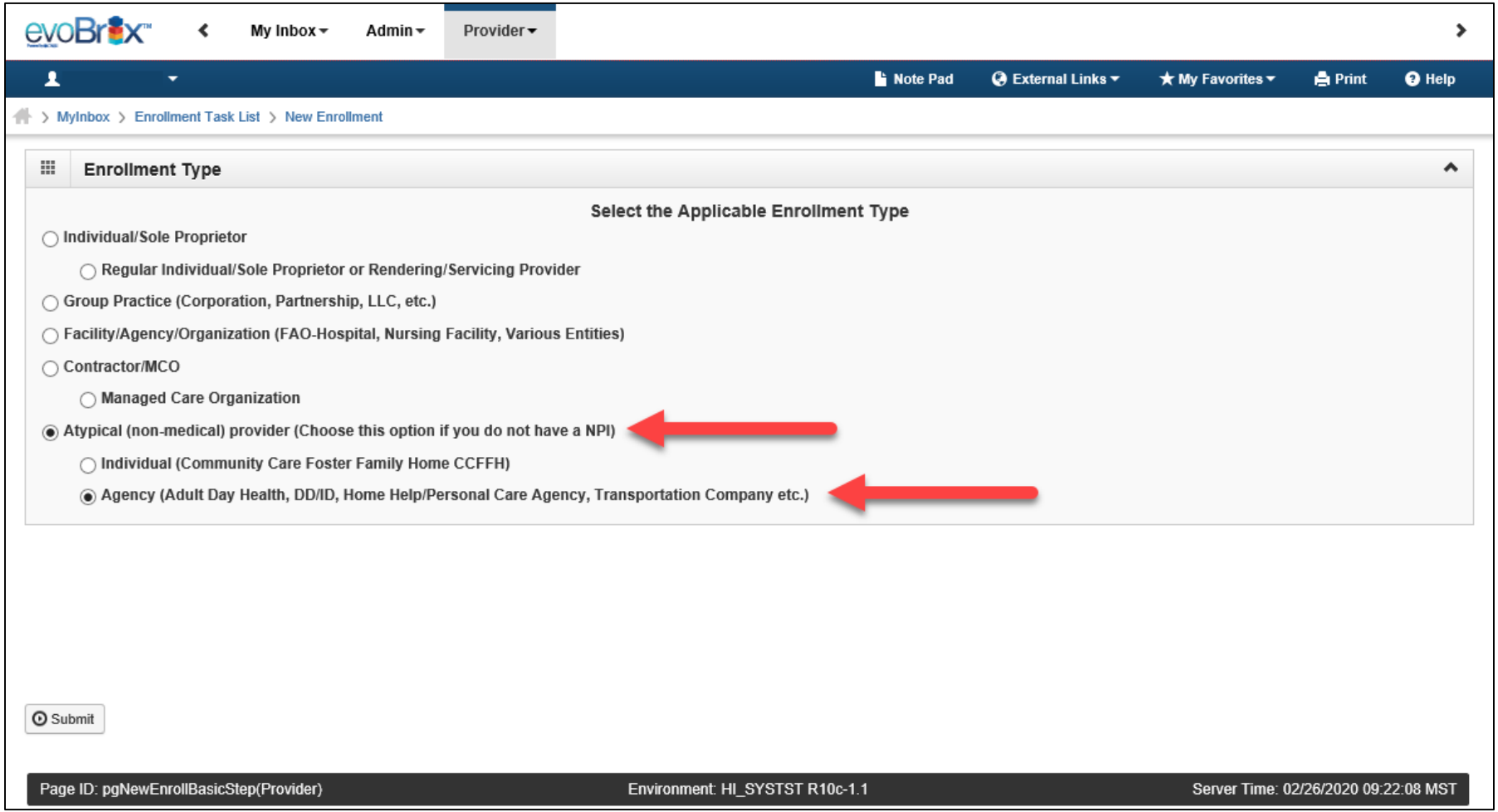
HOKU New Application Path

Hawaii Train-the-Trainer Materials
Created February 28, 2020

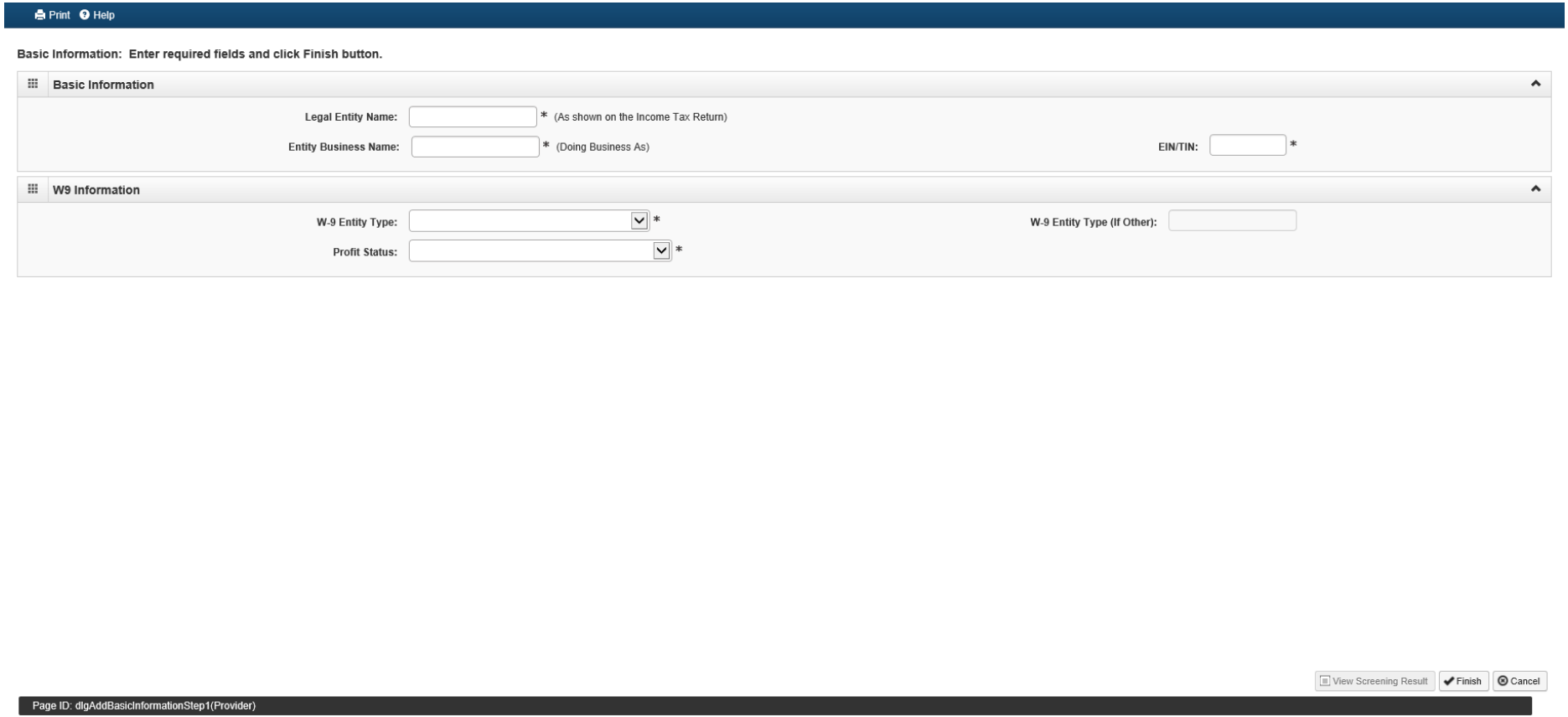
Selecting Atypical Agency Enrollment Type

- If the provider being enrolled is a Facility, Agency, or Organization (FAO) providing health care or support services, and **does NOT** have an NPI, please select the Atypical Agency enrollment type.
- Atypical Agencies include:
  - Adult Day Health Centers
  - Adult Foster Care Providers
  - Home and Community-Based Services Providers
  - Home Help Agencies
  - Residential Treatment Facilities
  - Habilitation Providers
  - Mental Health Providers
  - Developmentally Disabled Day Cares
  - Personal Care Attendant Agencies
  - Blood Banks
  - Respite Care or Specialized Services

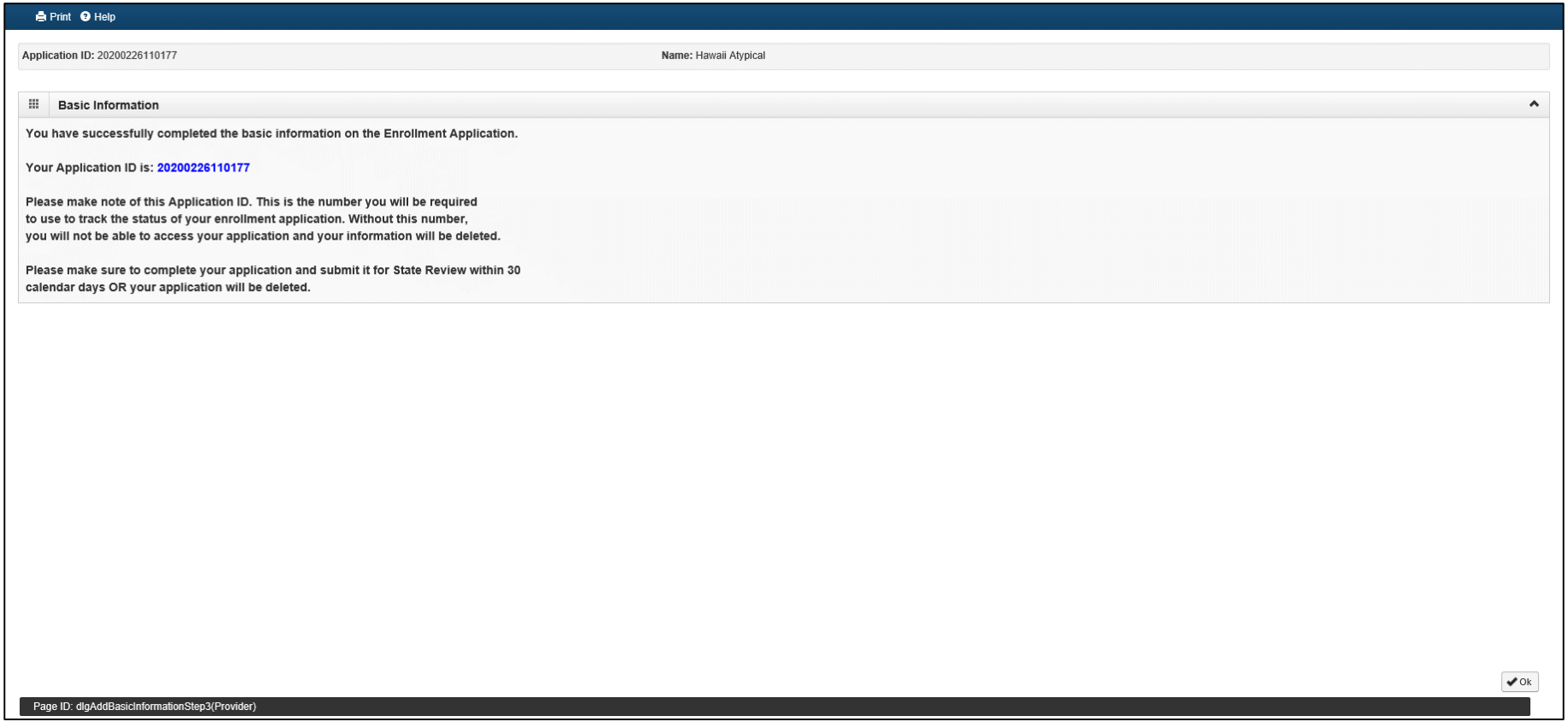
Select the Atypical Agency Enrollment Button



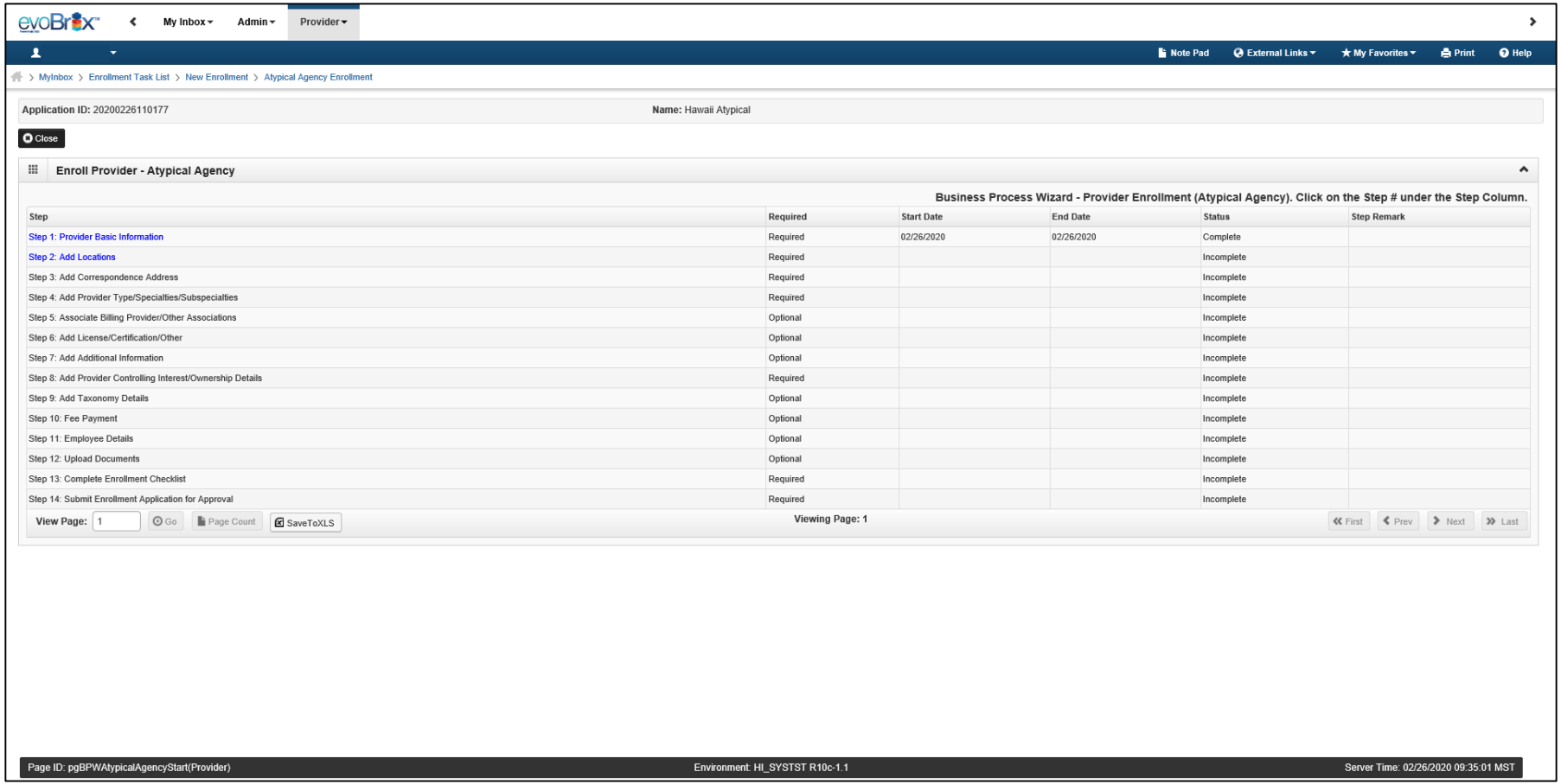
Step 1: Provide Basic Information



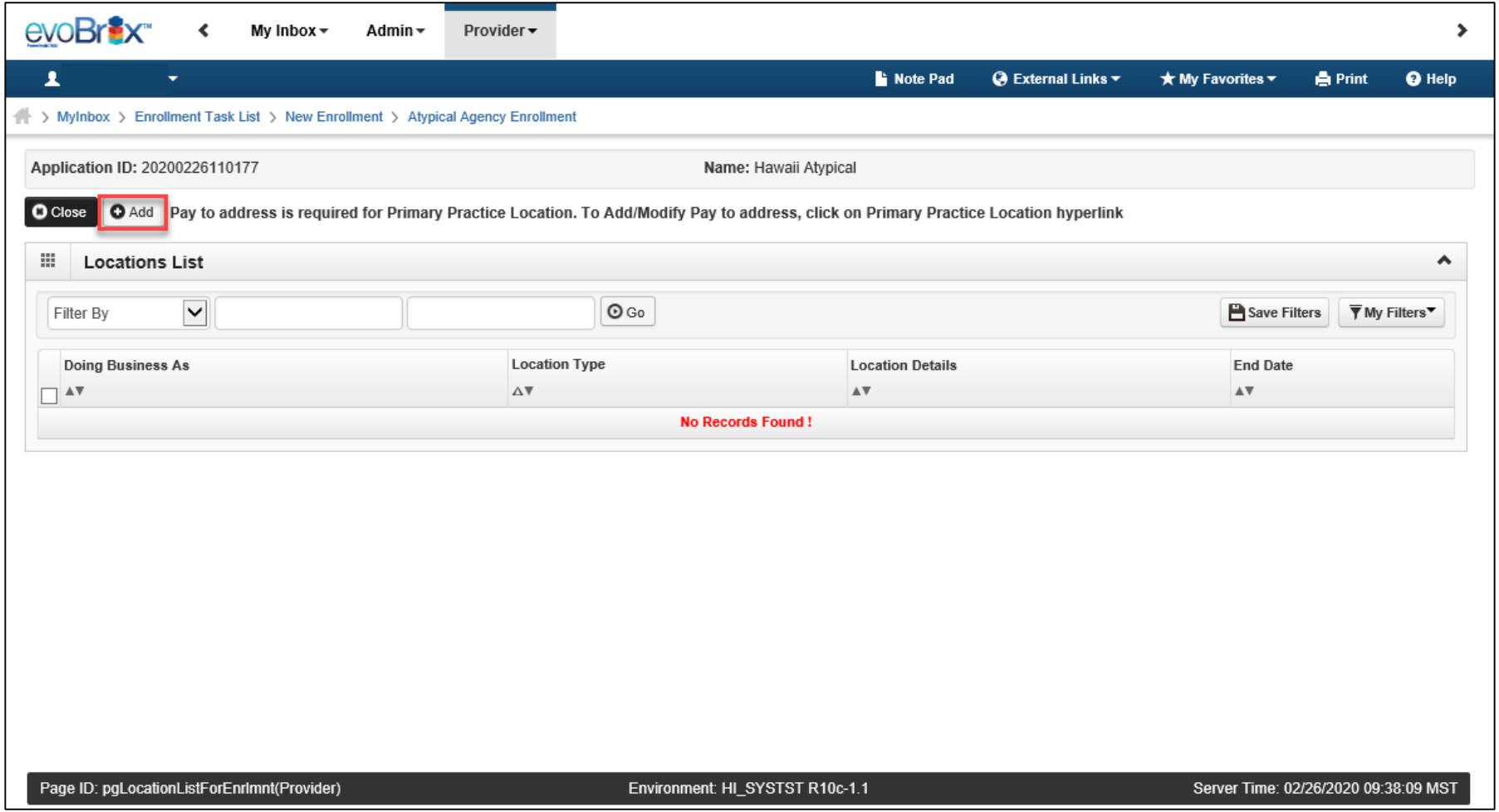
Application ID



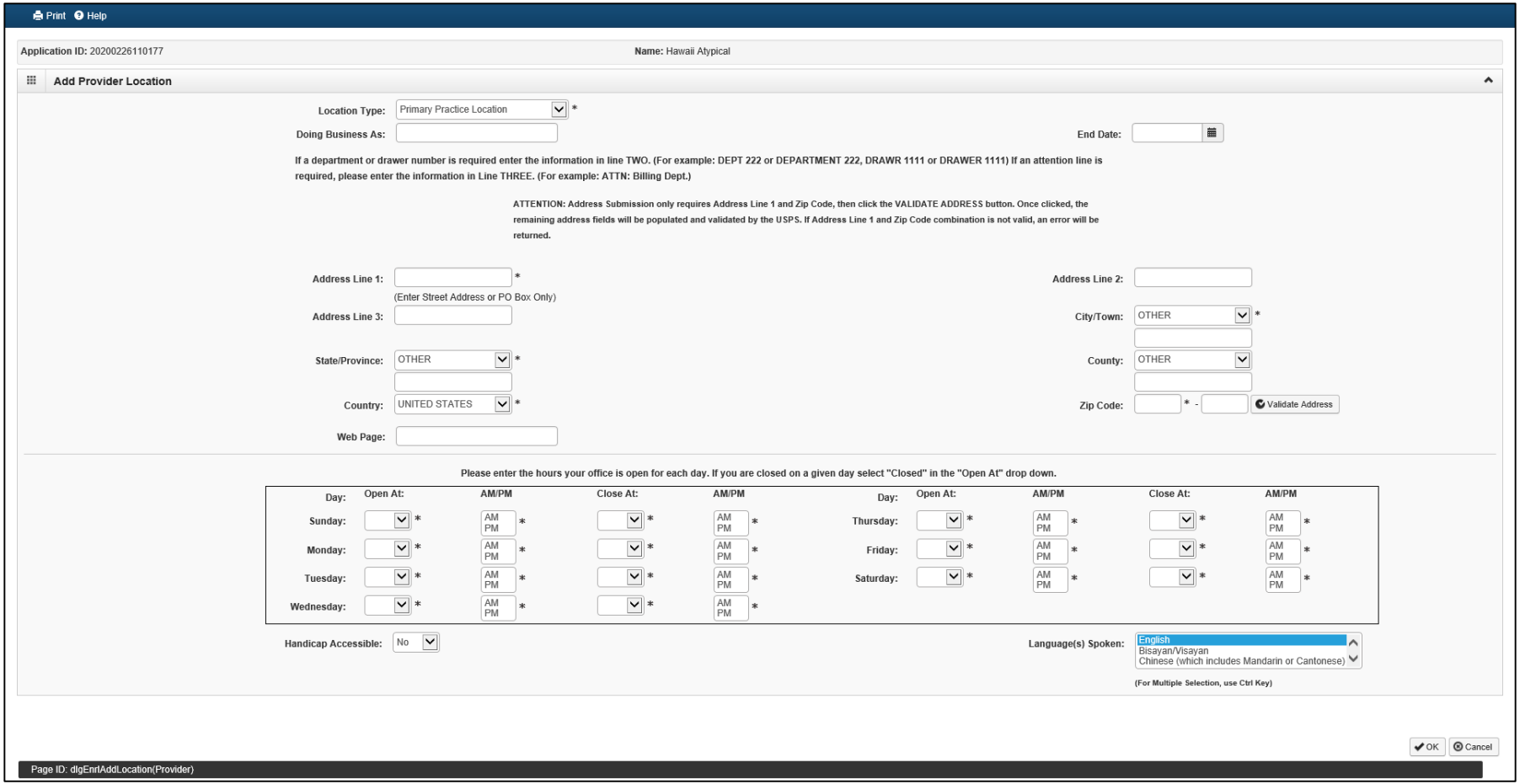
Enrollment Steps



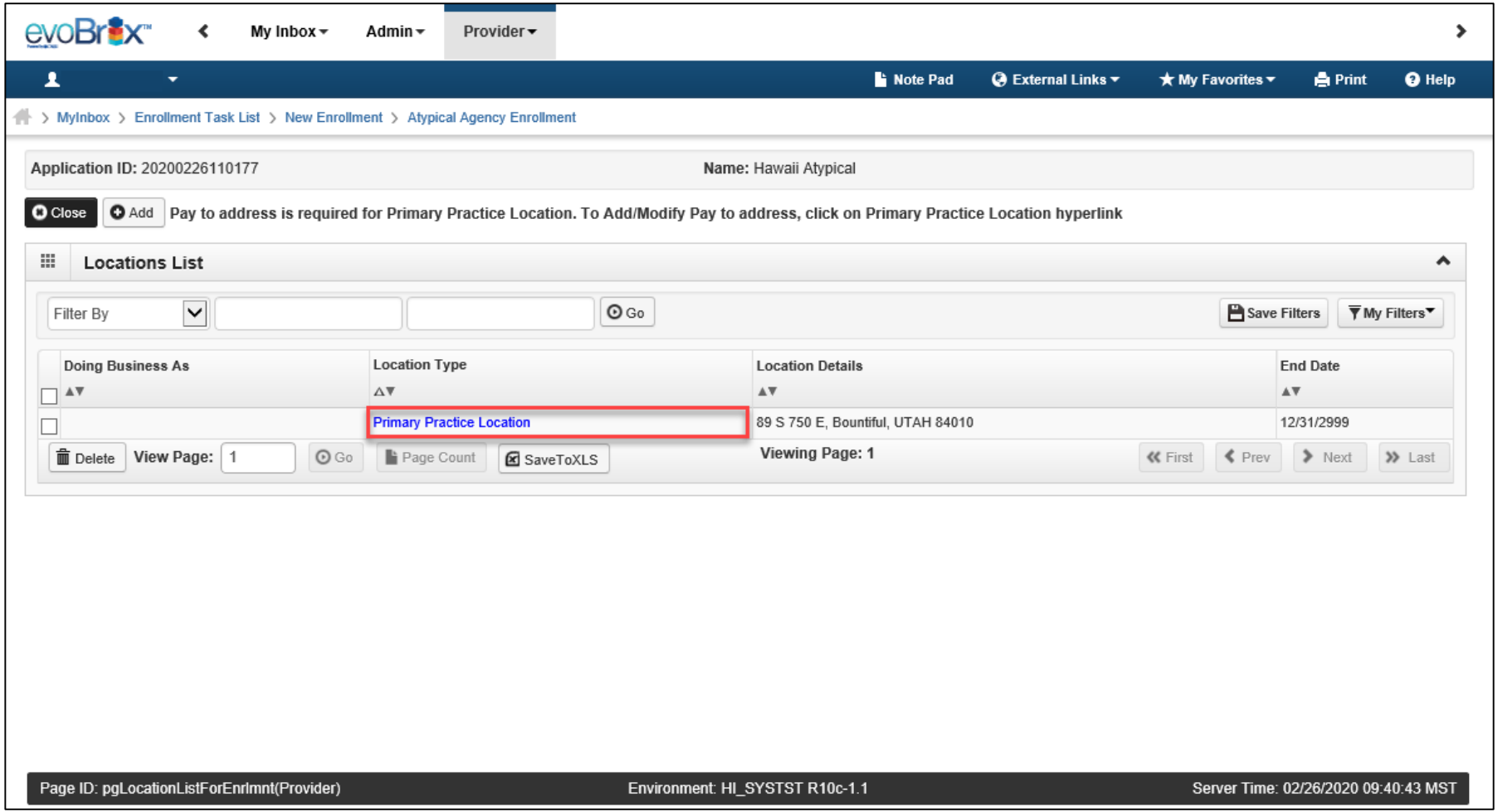
Step 2: Add Locations



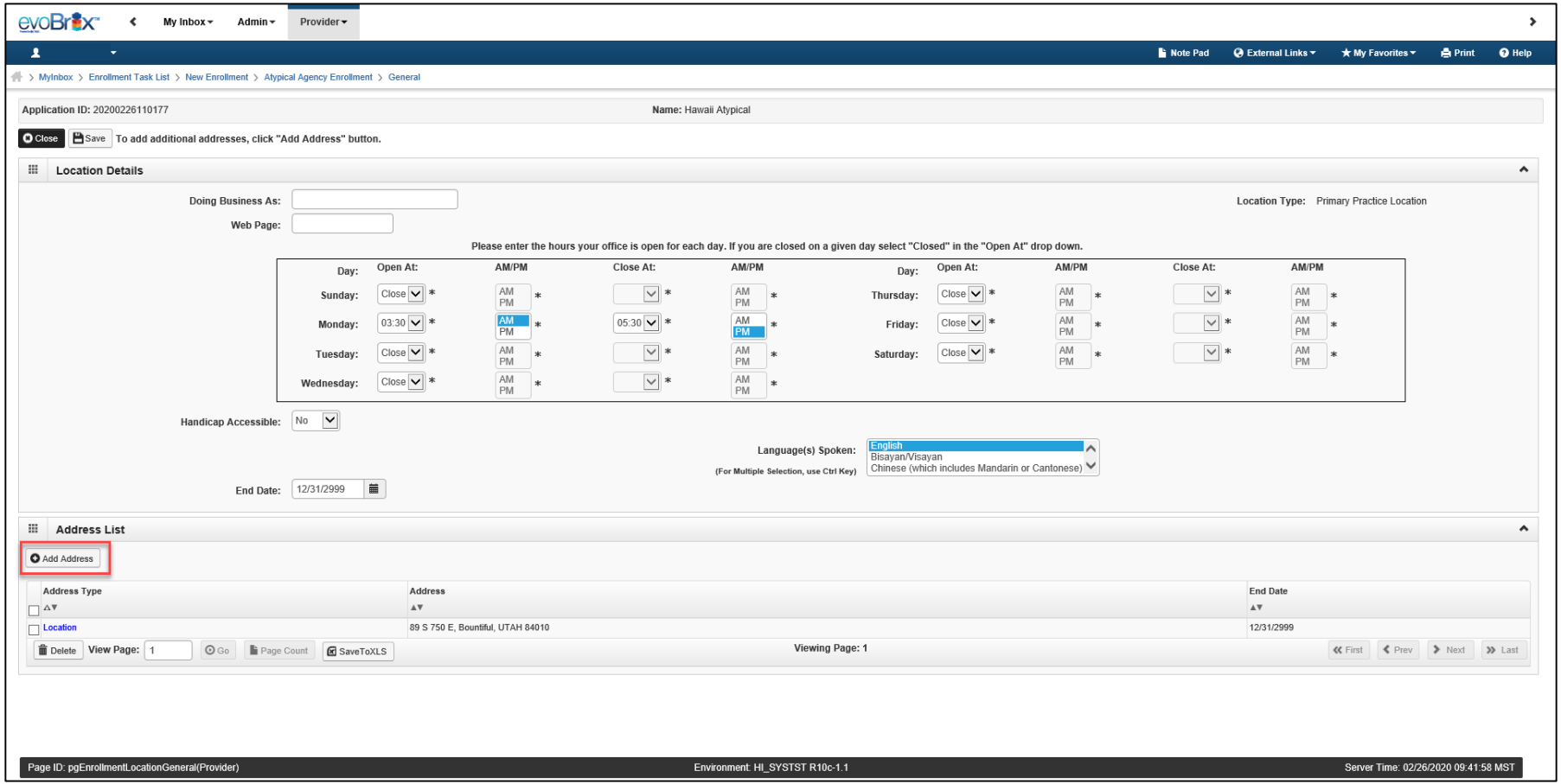
Add Primary Practice Address



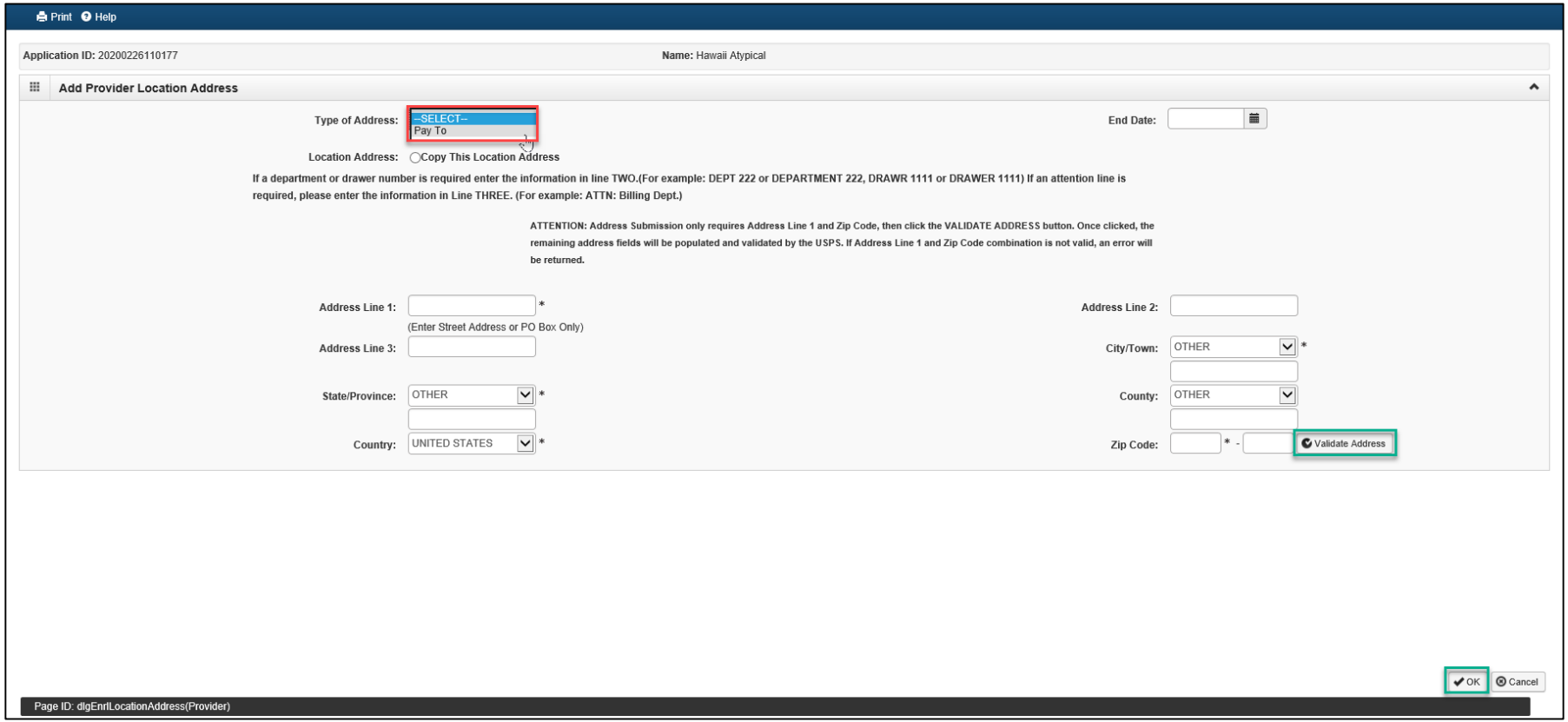
Add Pay To Address



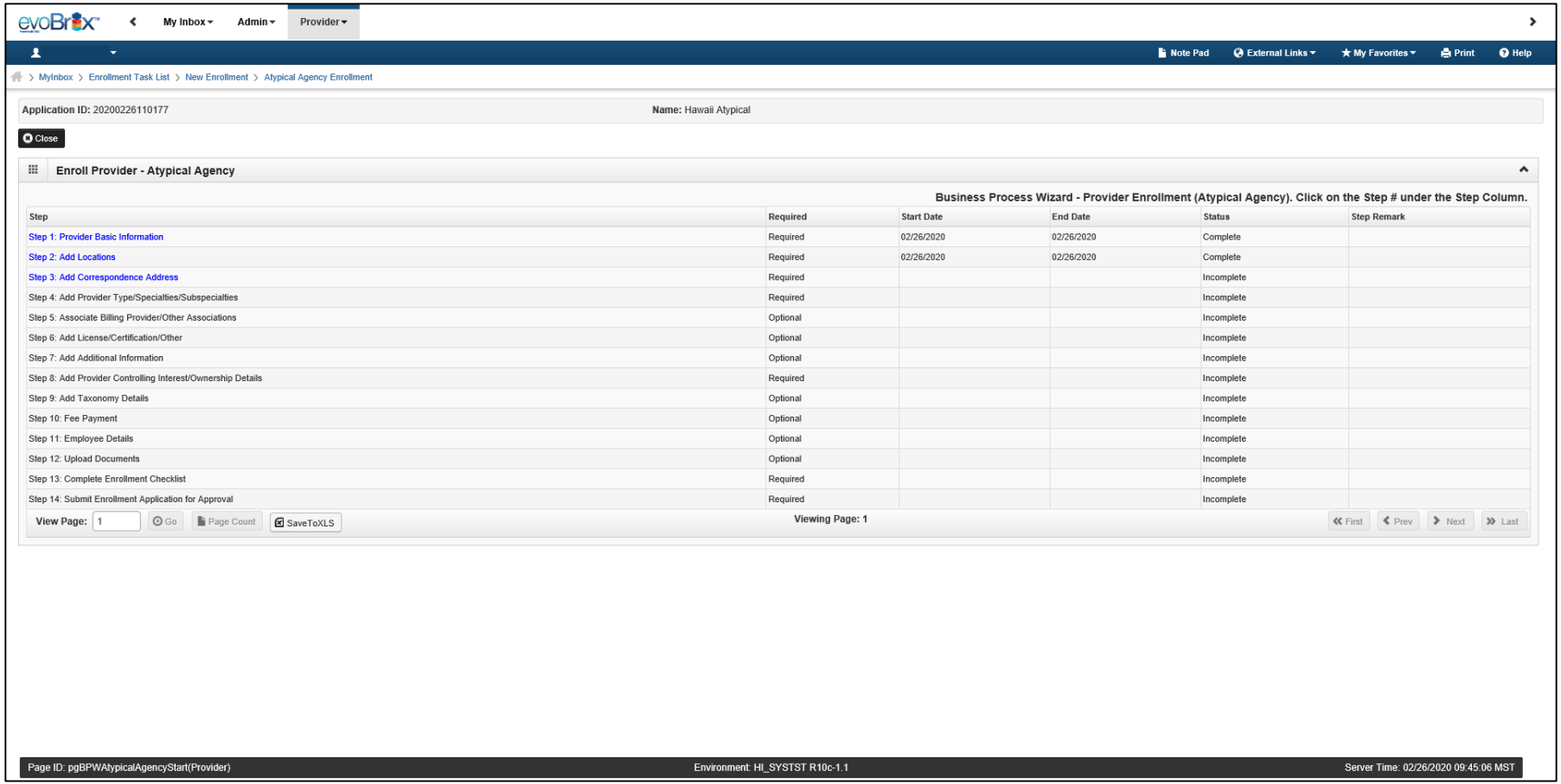
Add Pay To Address



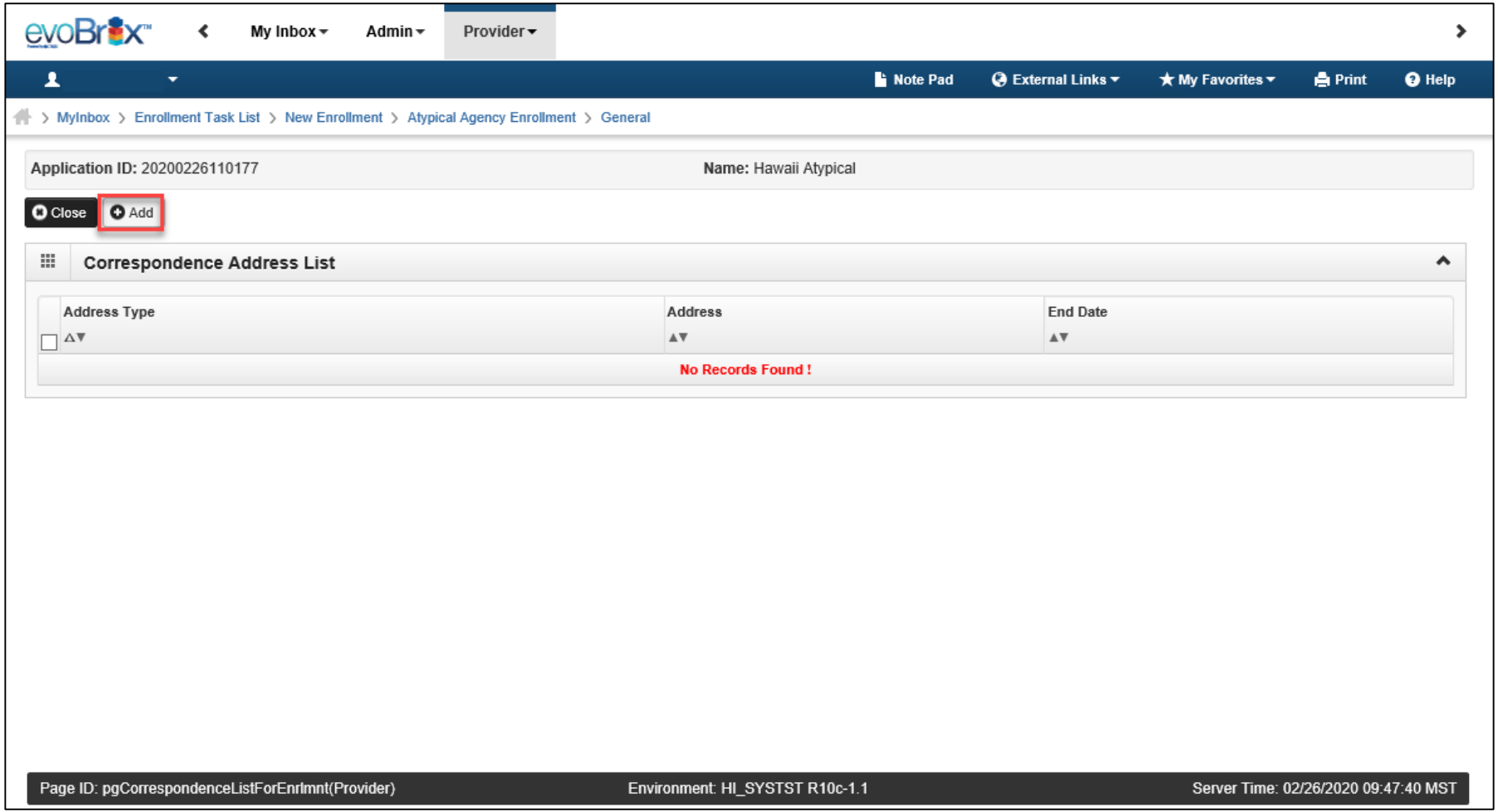
Add Pay To Address



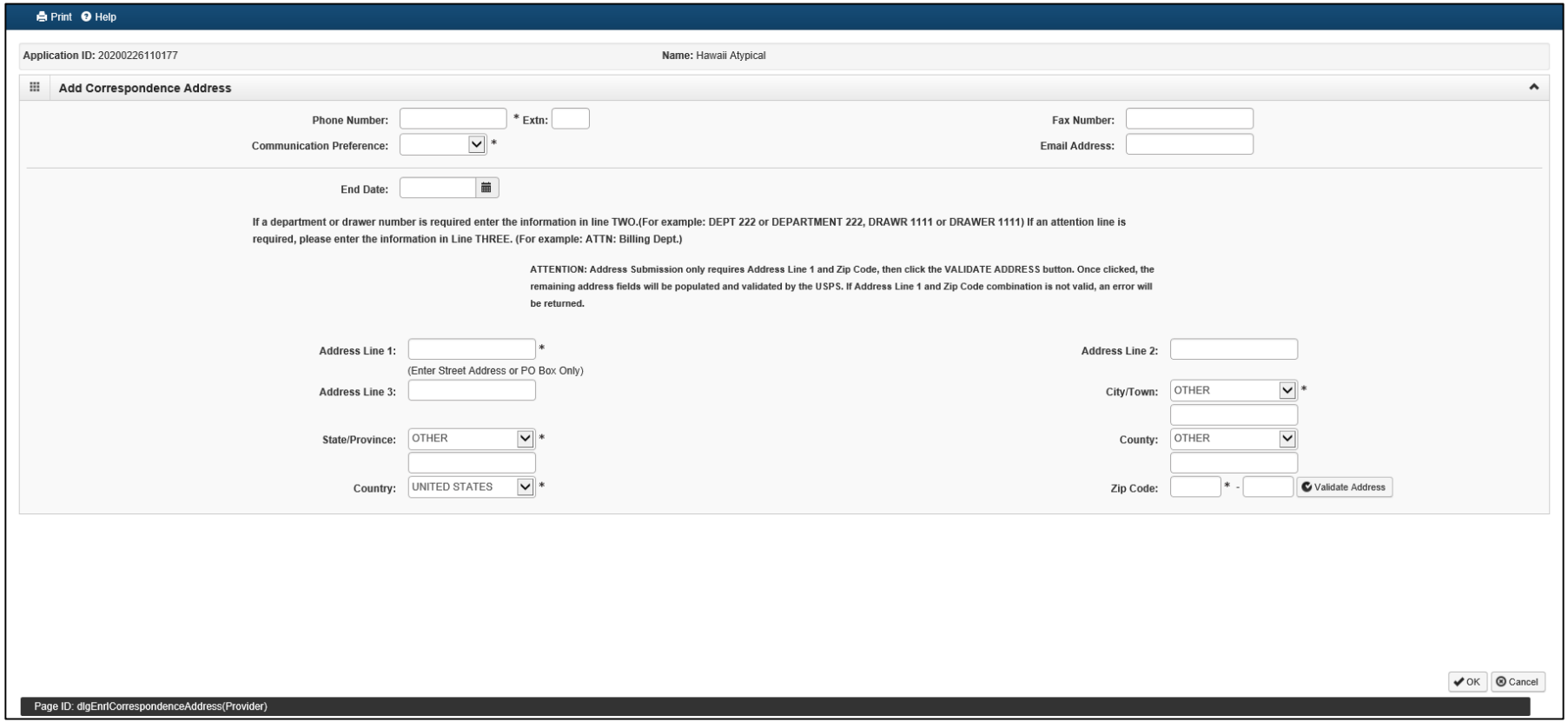
Step 3: Add Correspondence Address



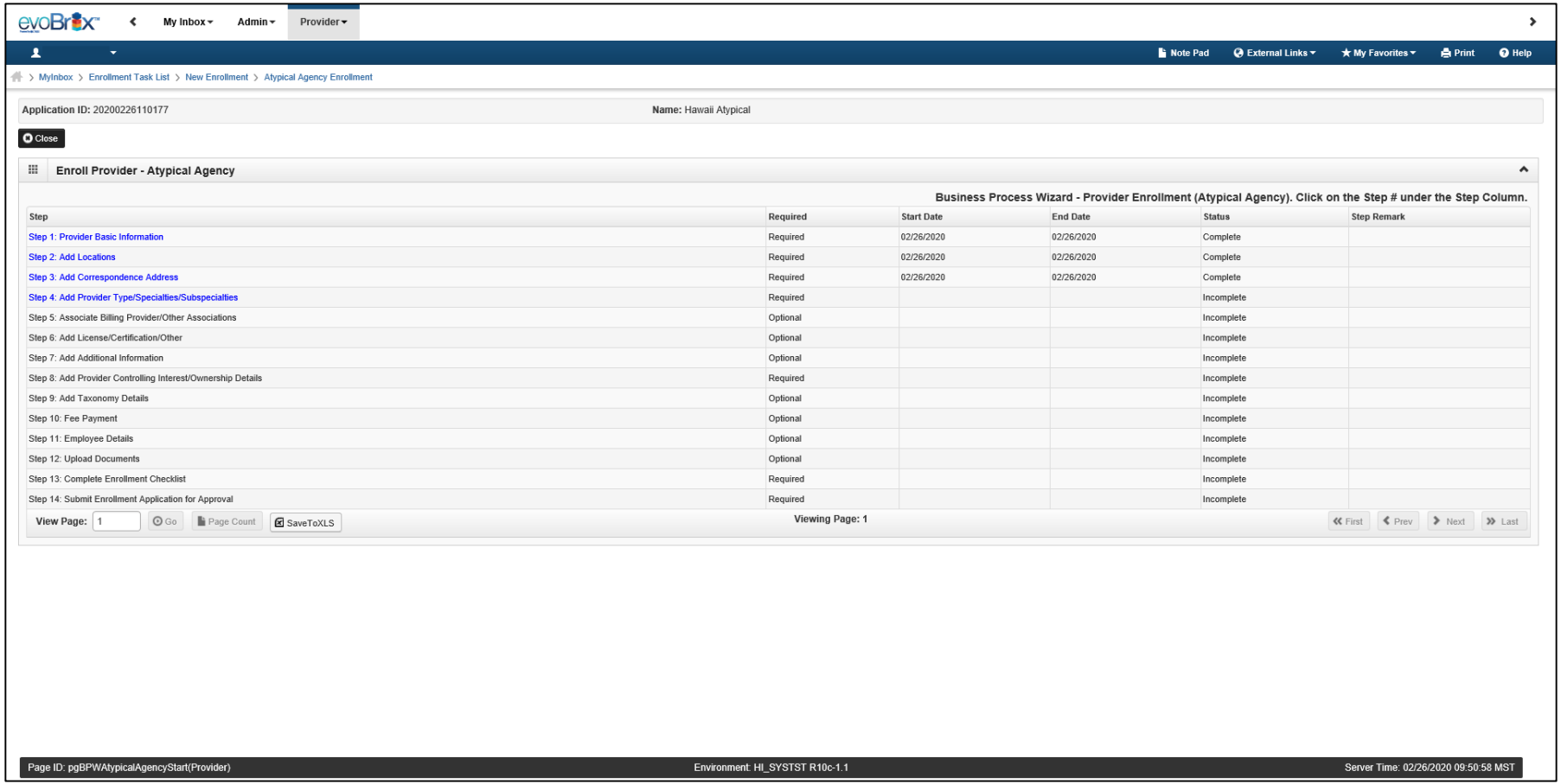
Add Correspondence Address



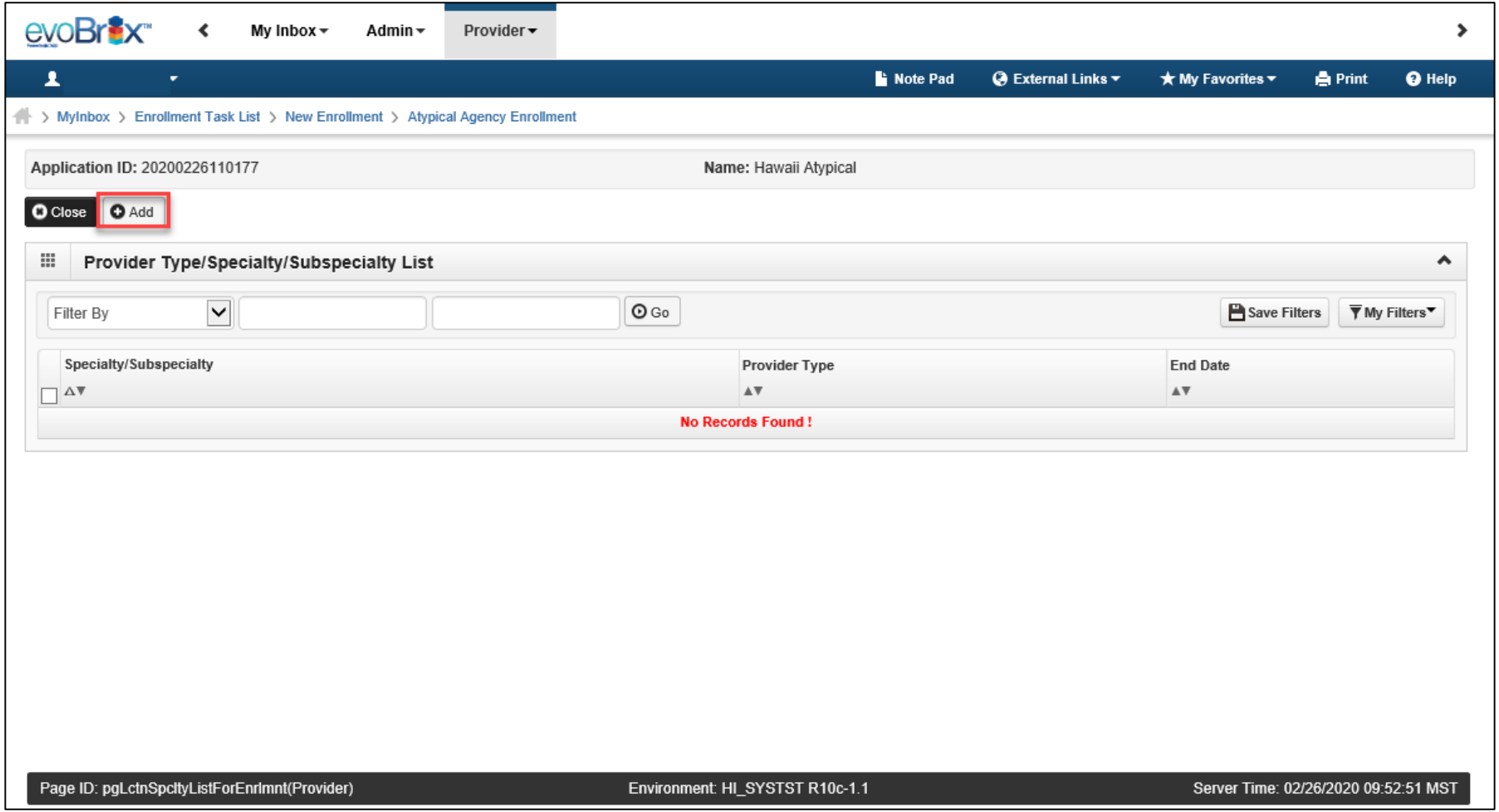
Add Correspondence Address



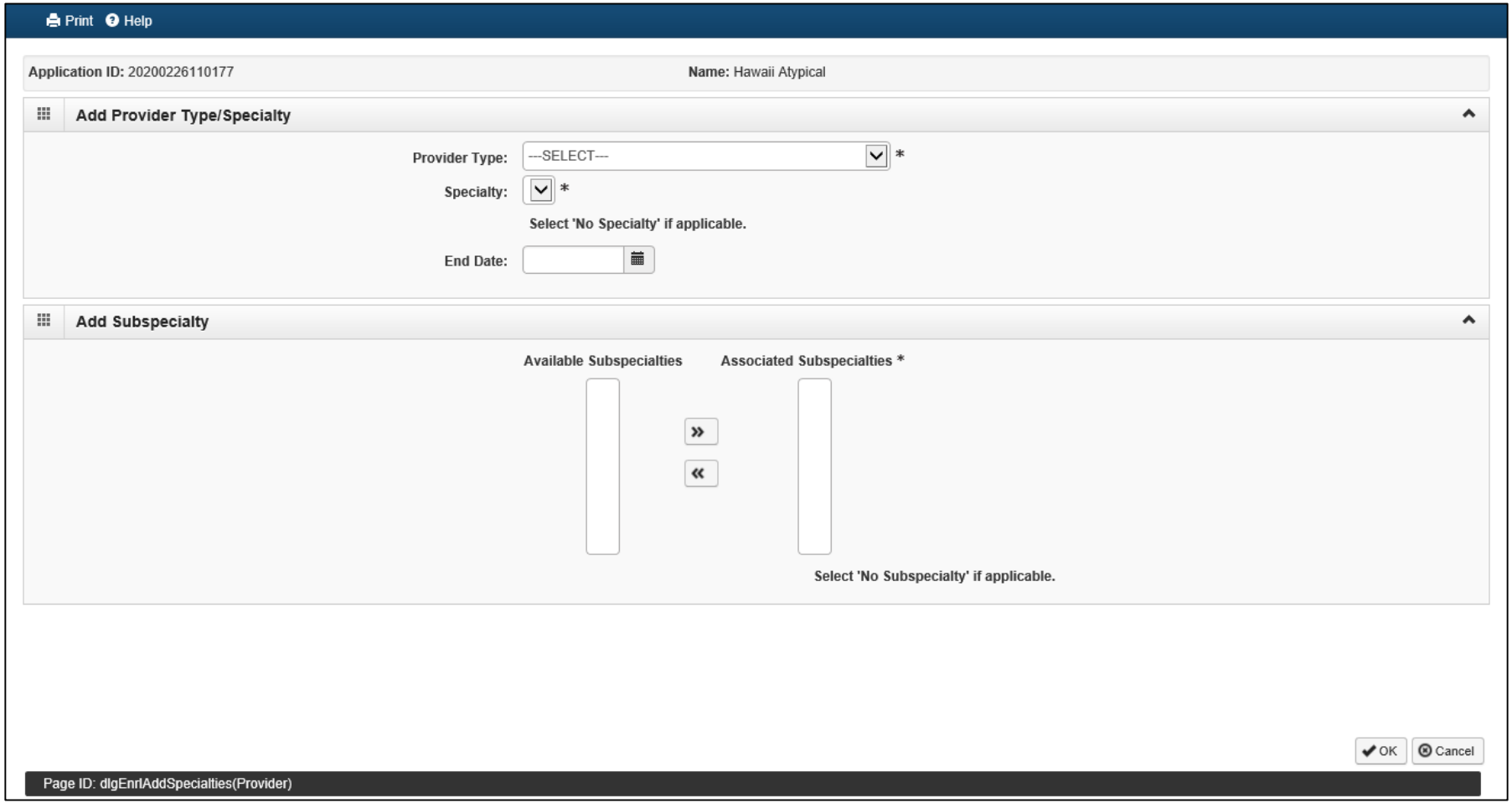
Step 4: Add Provider Type/Specialties/Subspecialties



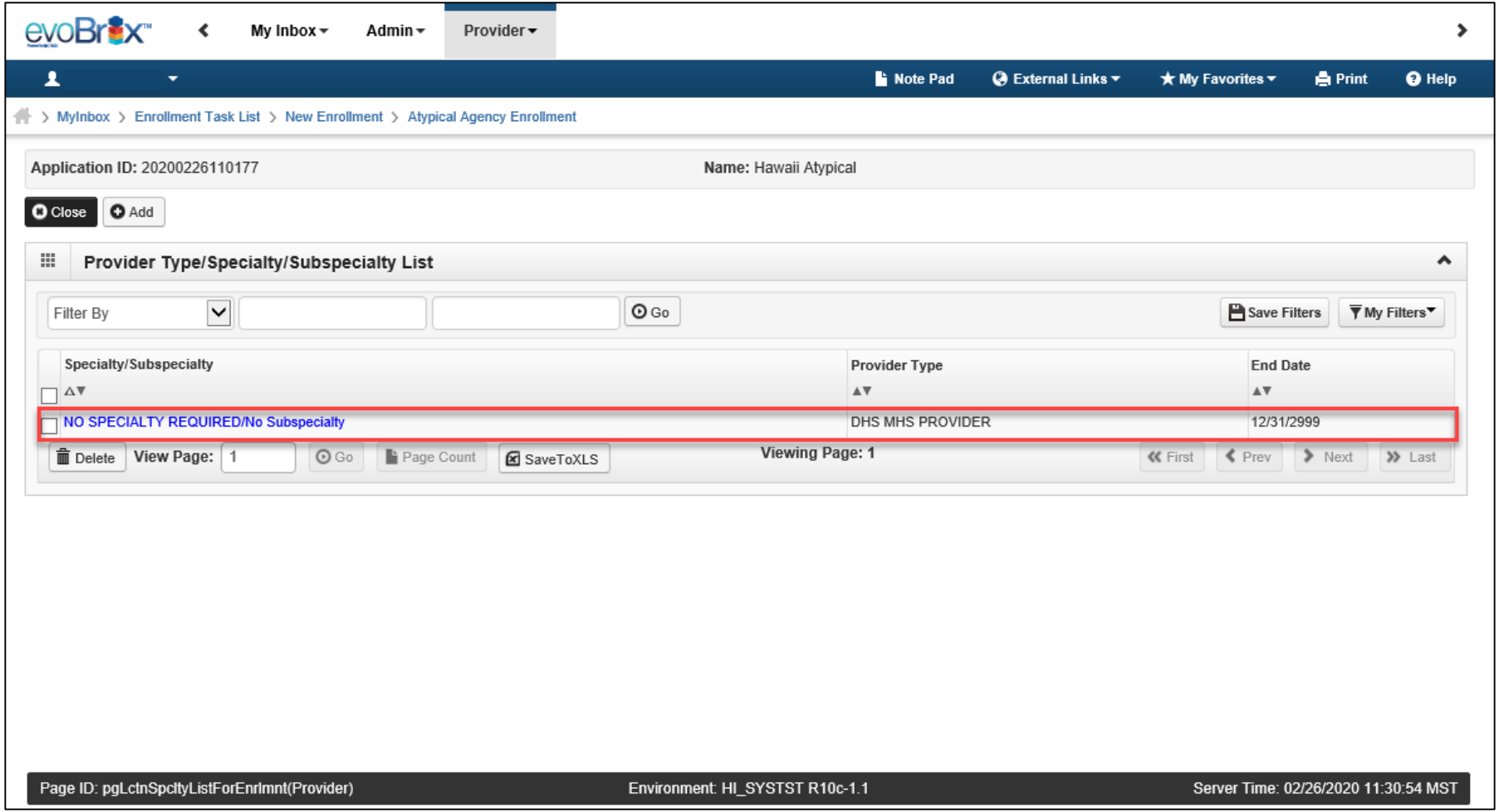
Add Provider Type/Specialties/Subspecialties



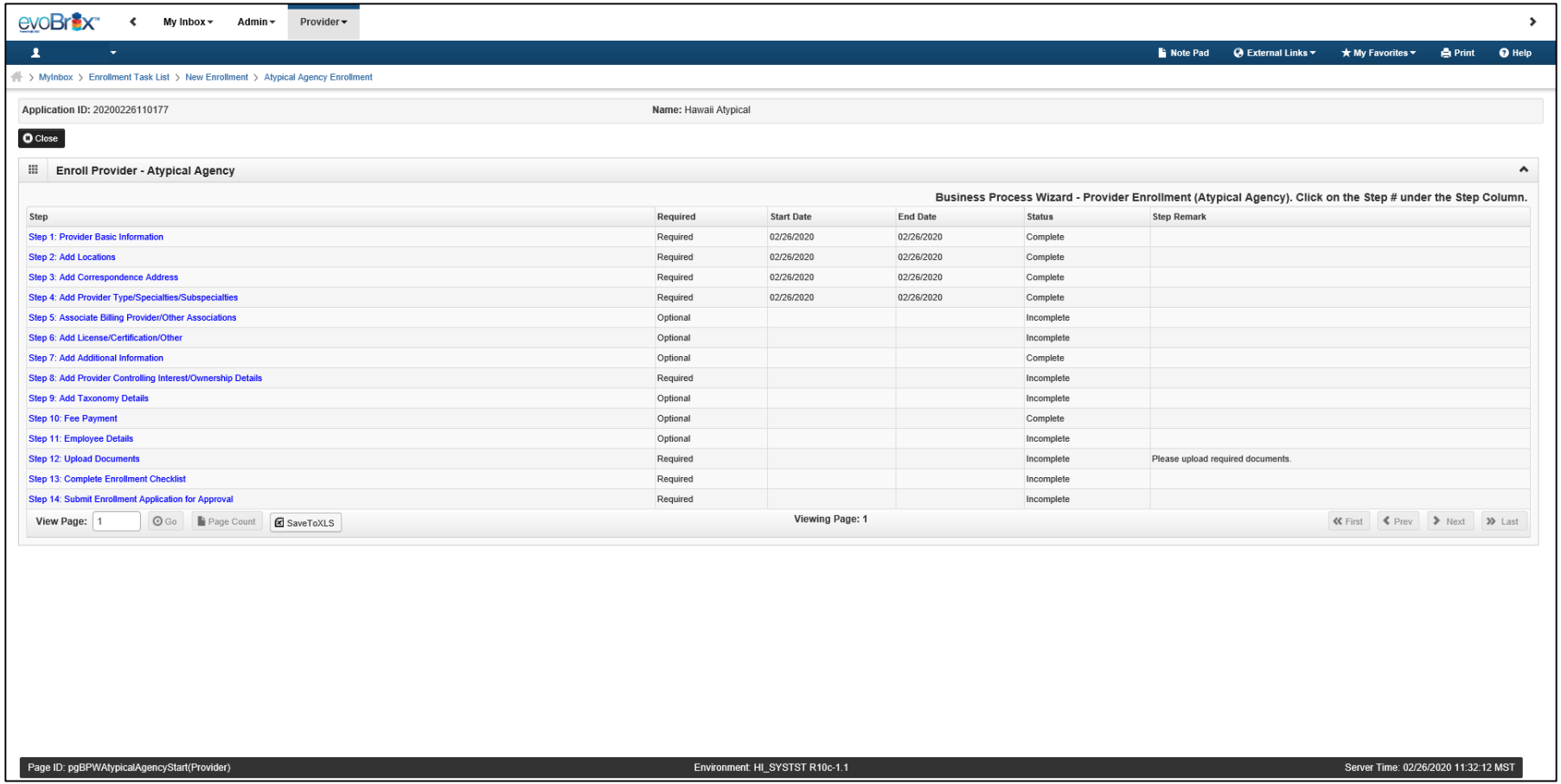
Add Provider Type/Specialties/Subspecialties



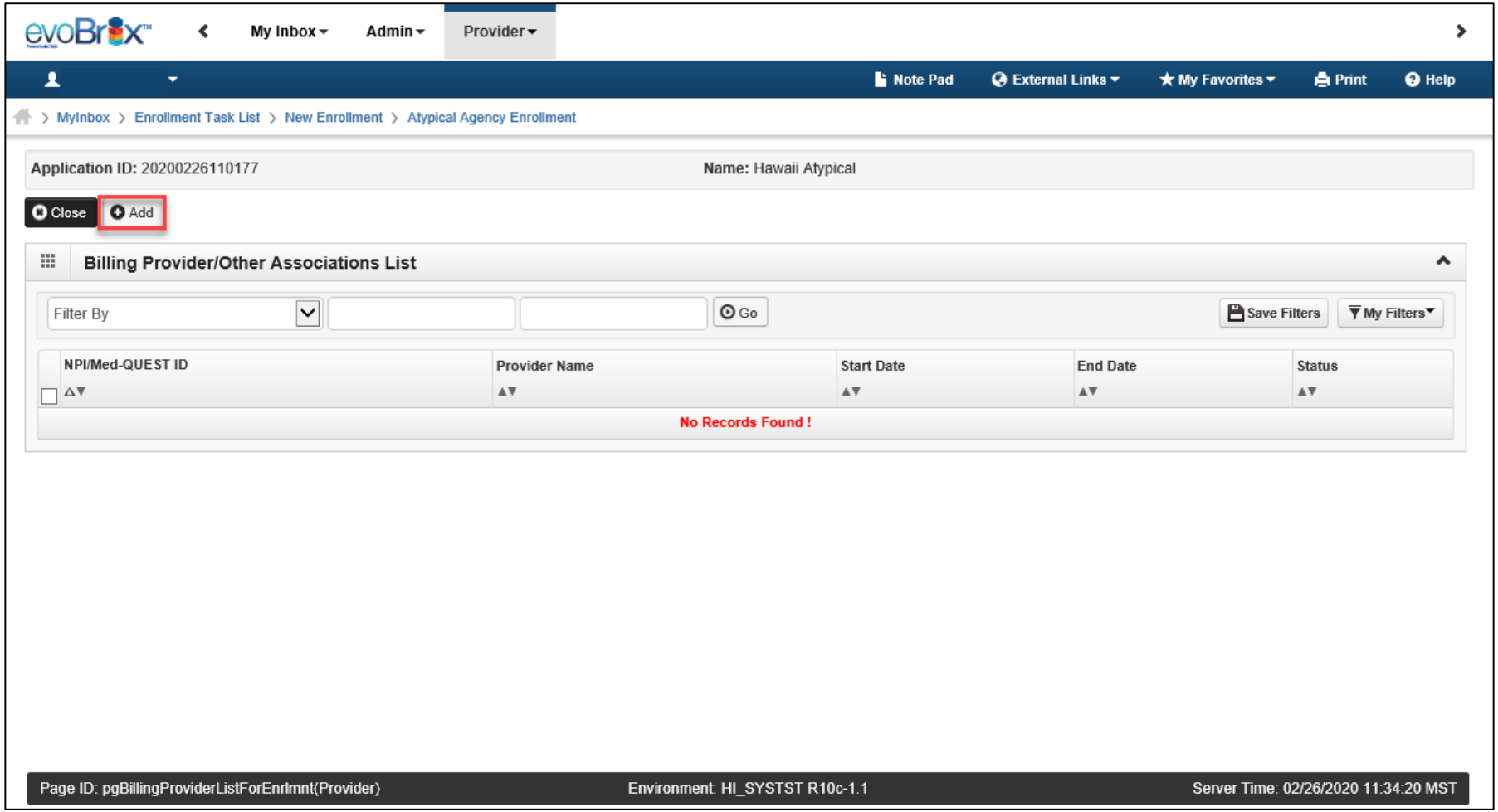
Add Provider Type/Specialties/Subspecialties



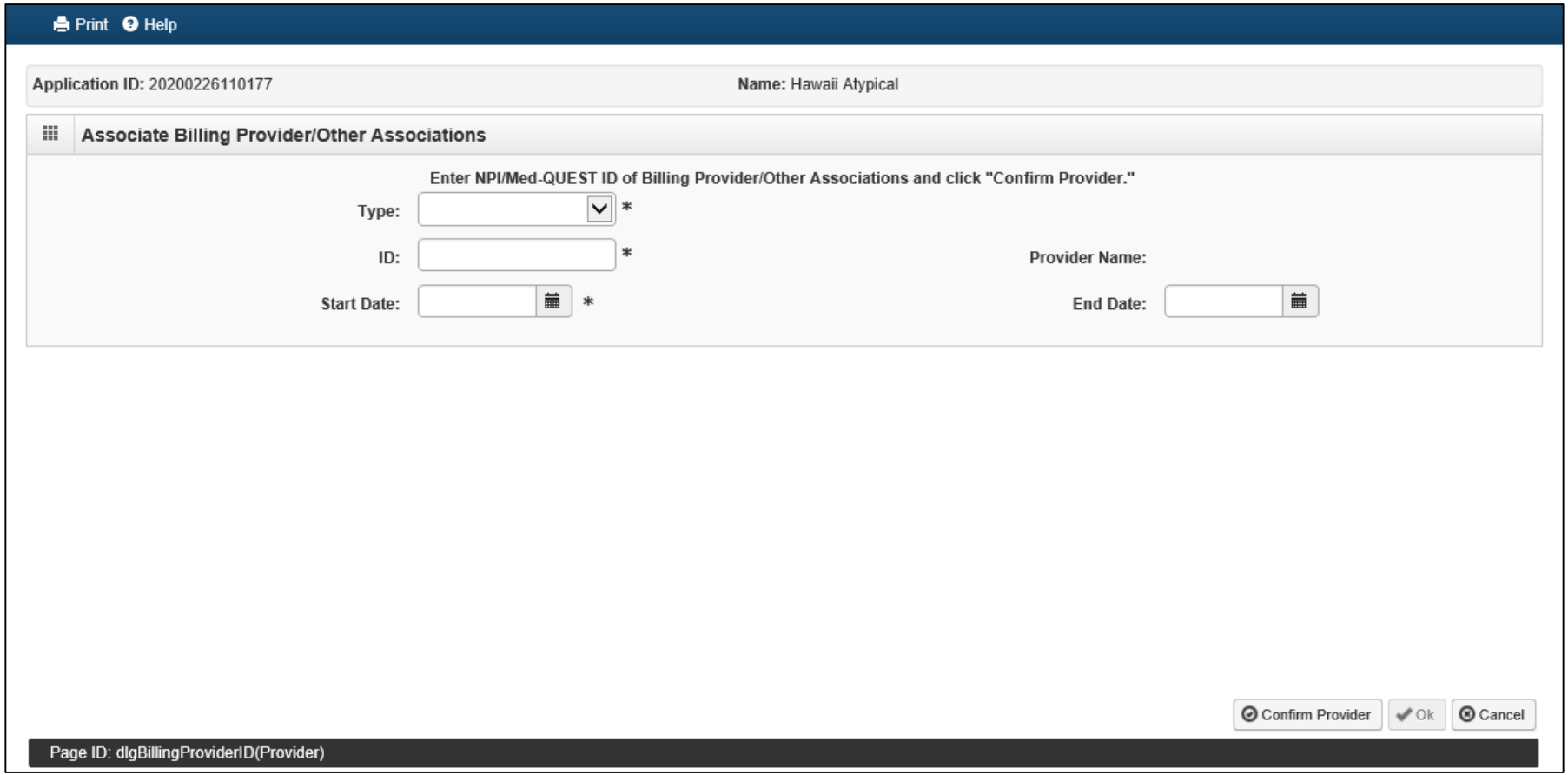
Step 5: Associate Billing Provider



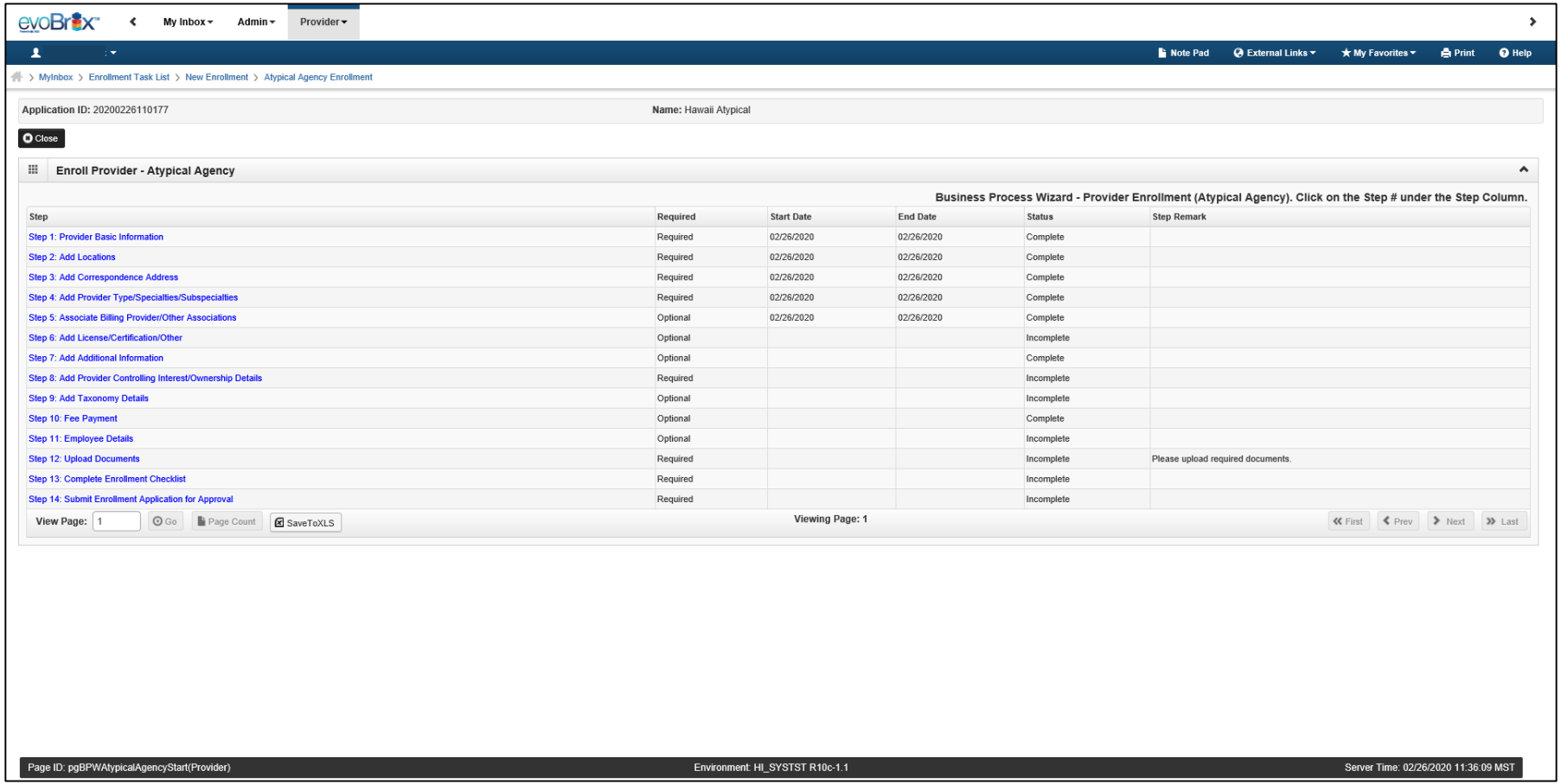
Associate Billing Provider



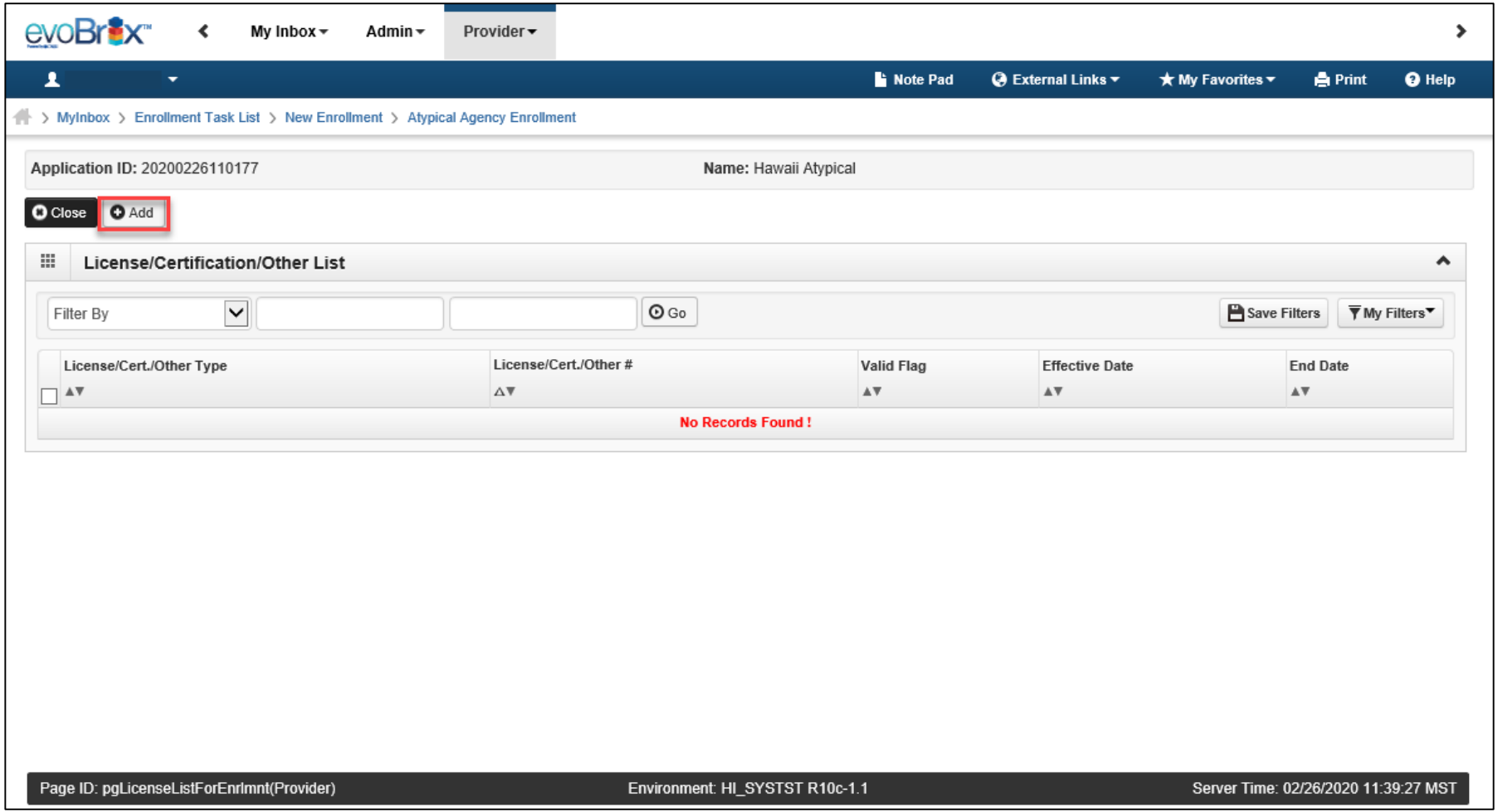
Associate Billing Provider



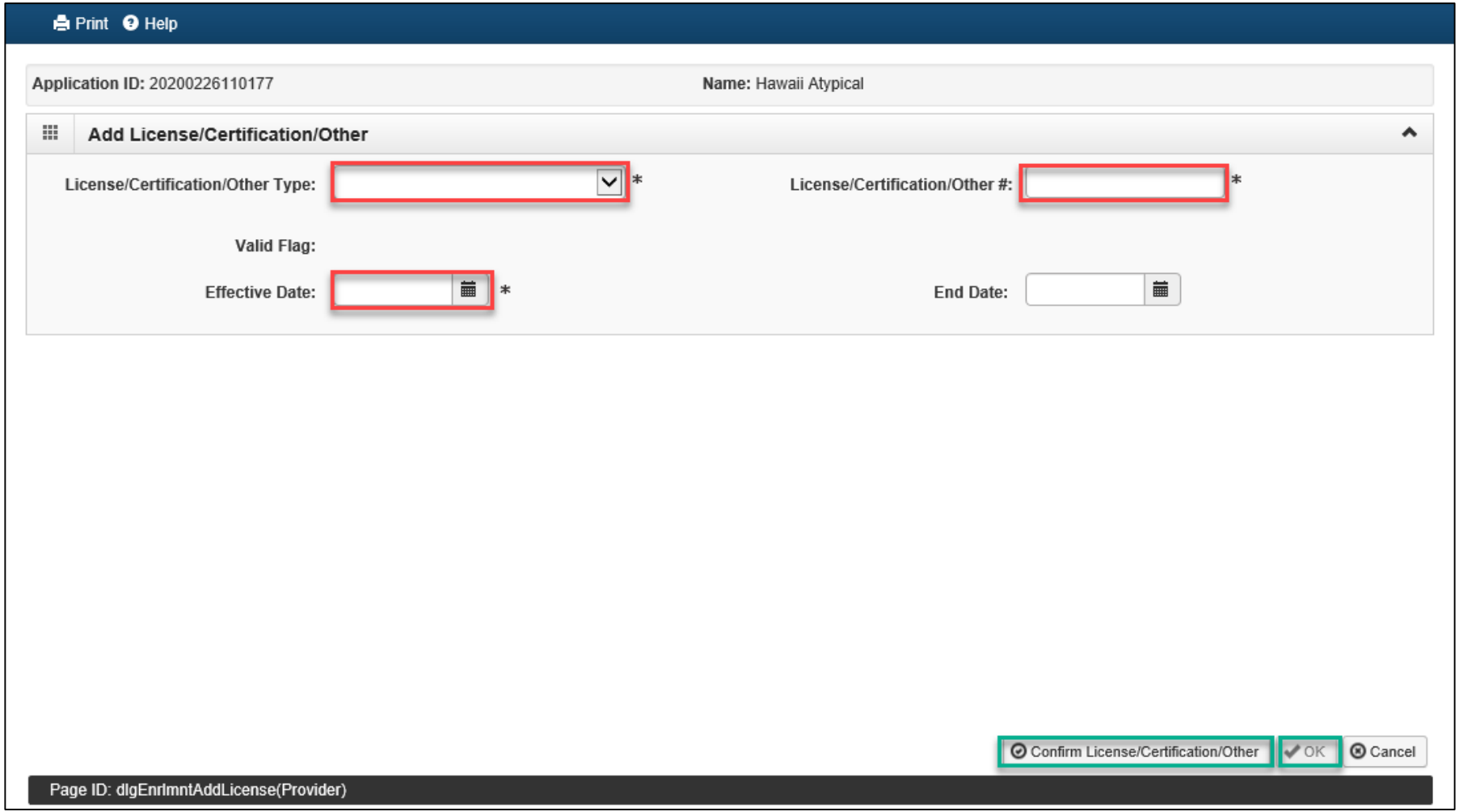
Step 6: Add License/Certification



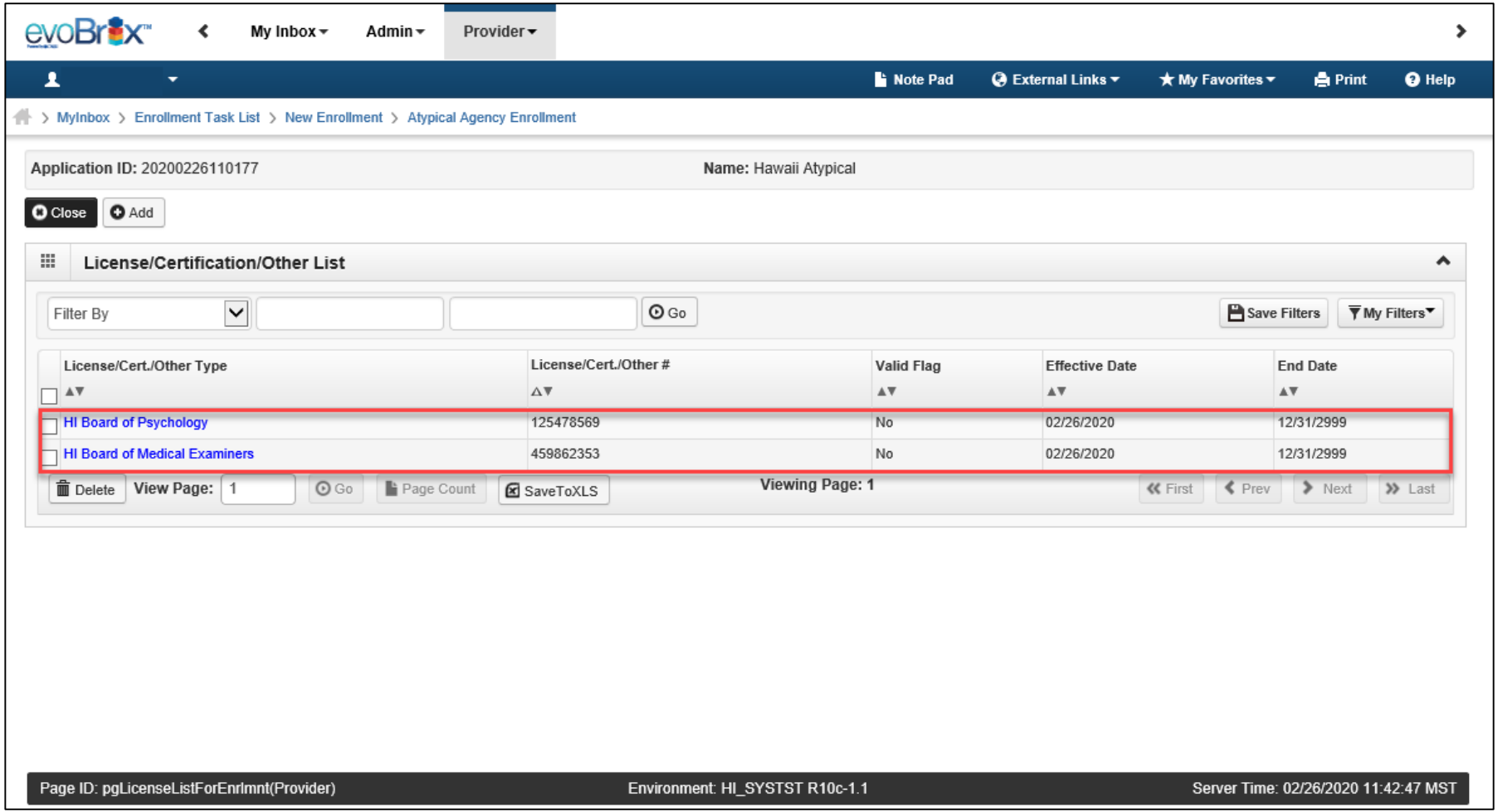
Add License/Certification



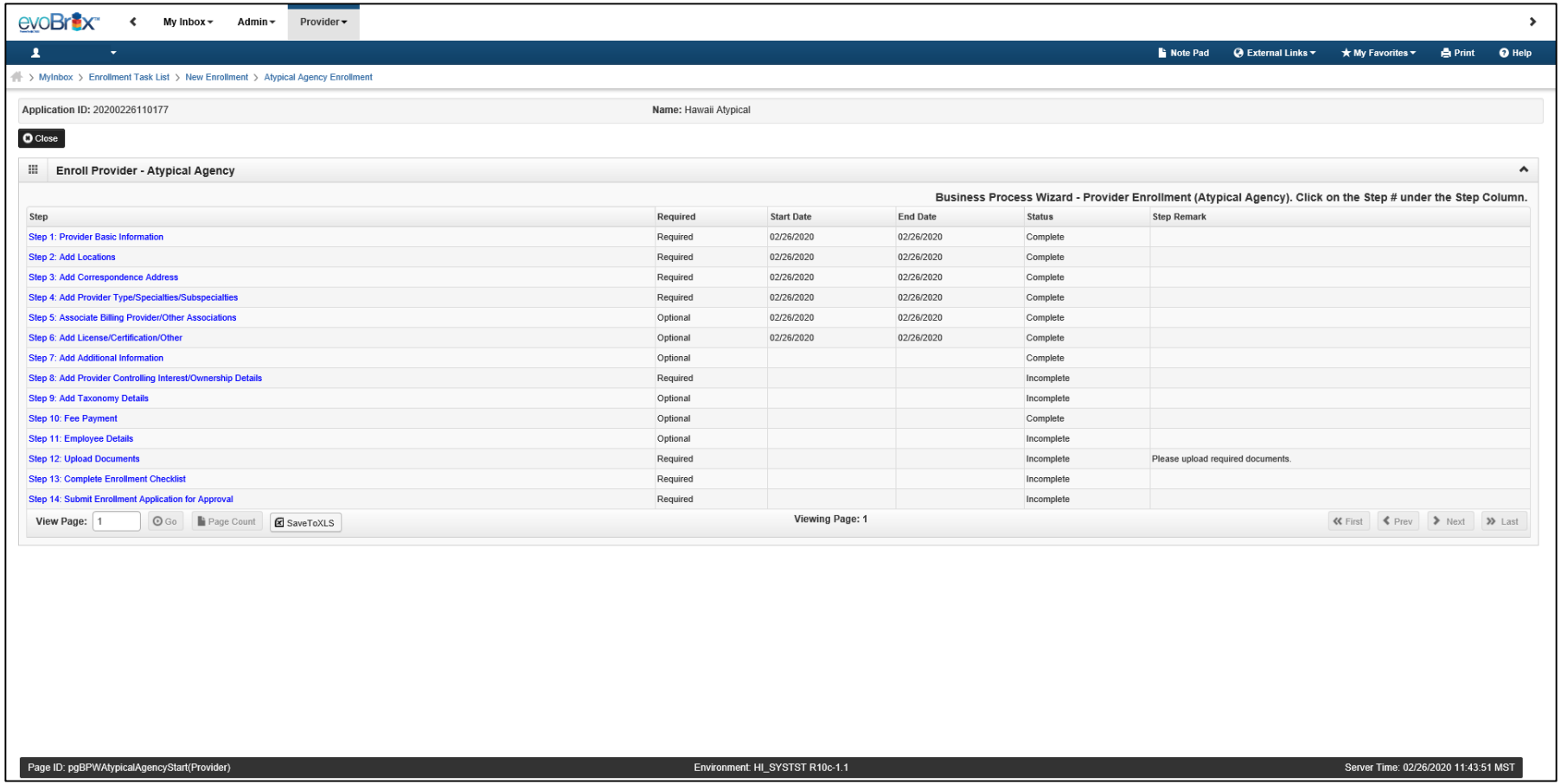
Add License/Certification



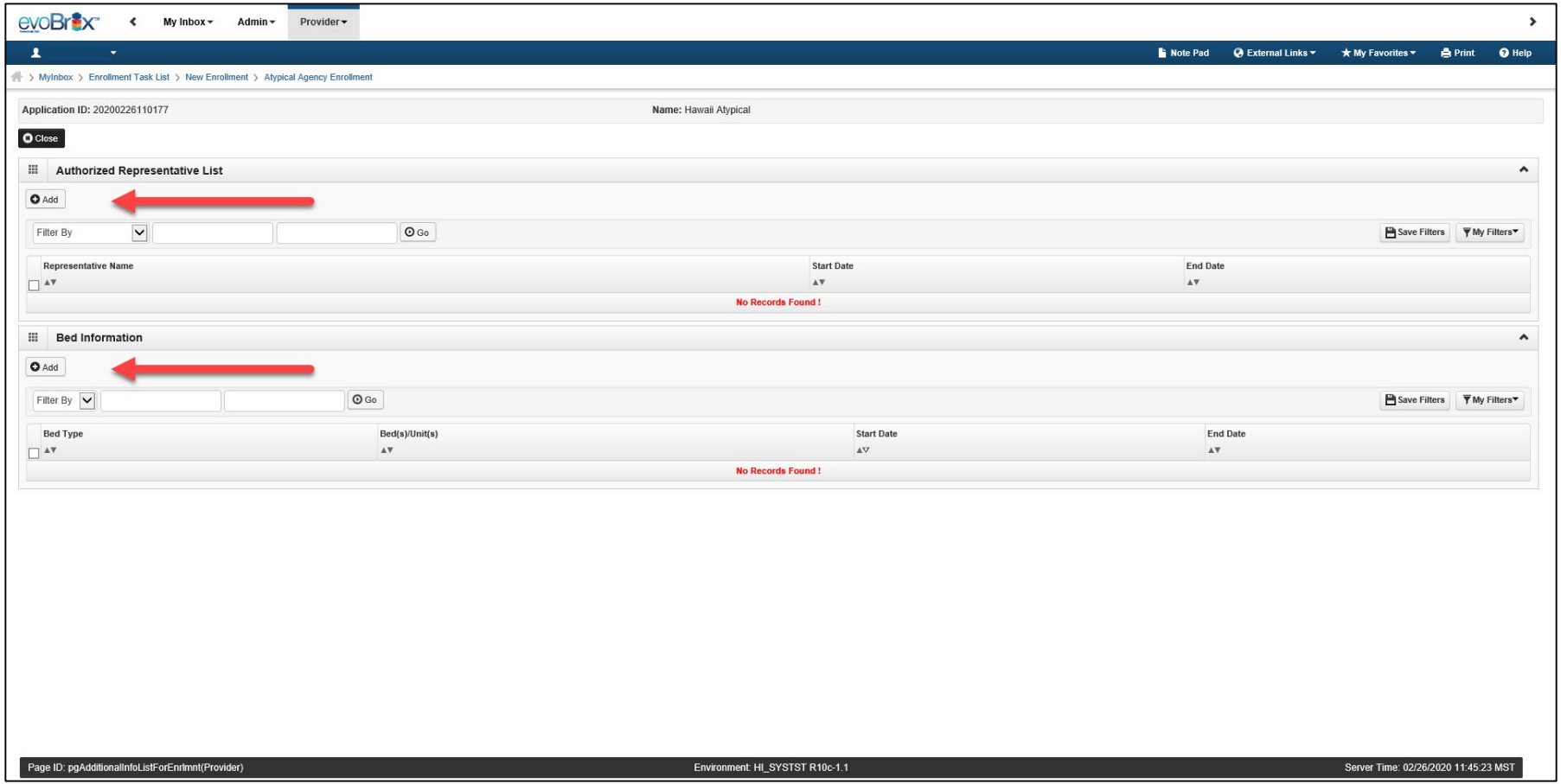
Add License/Certification



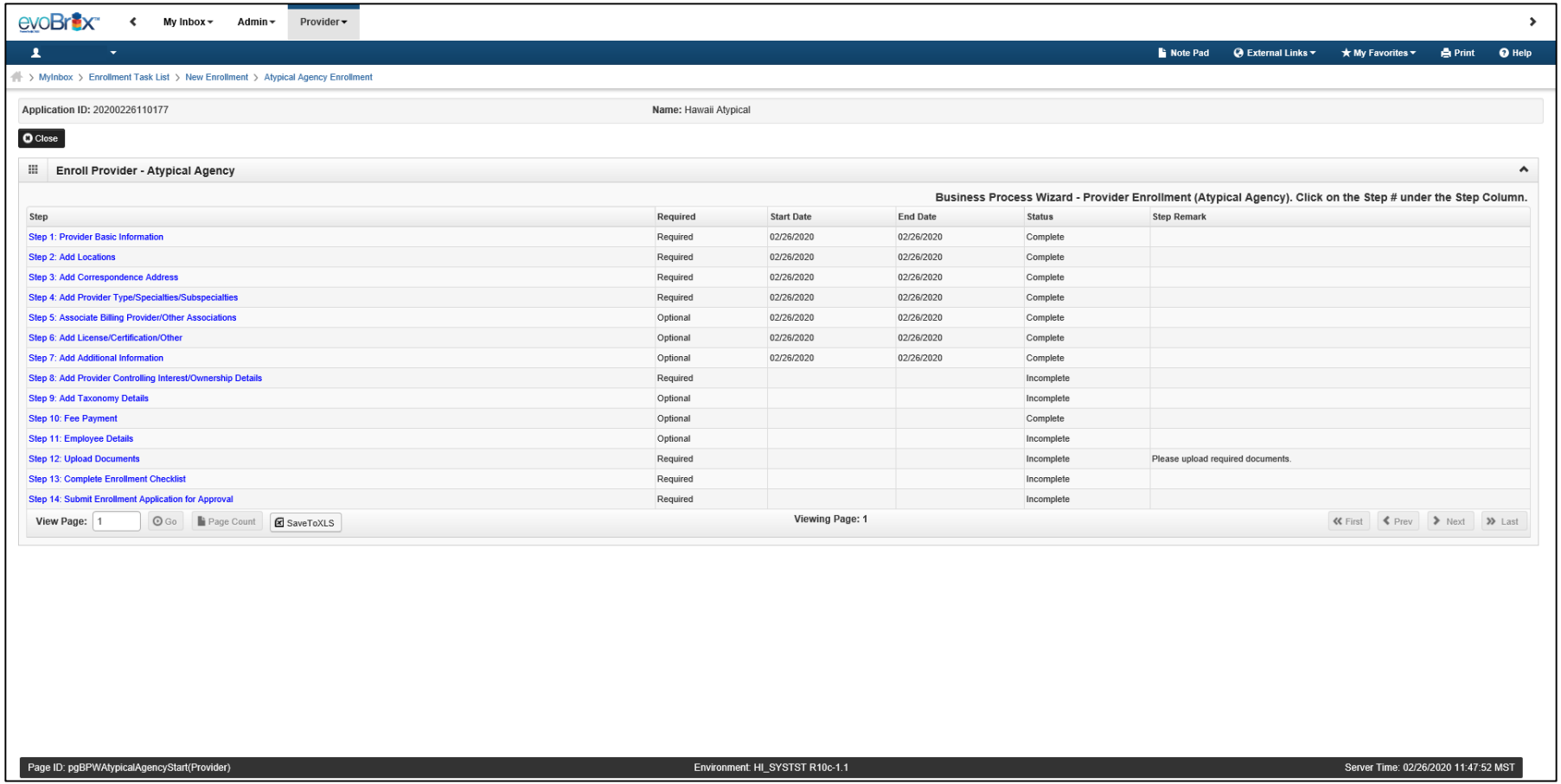
Step 7: Add Additional Information



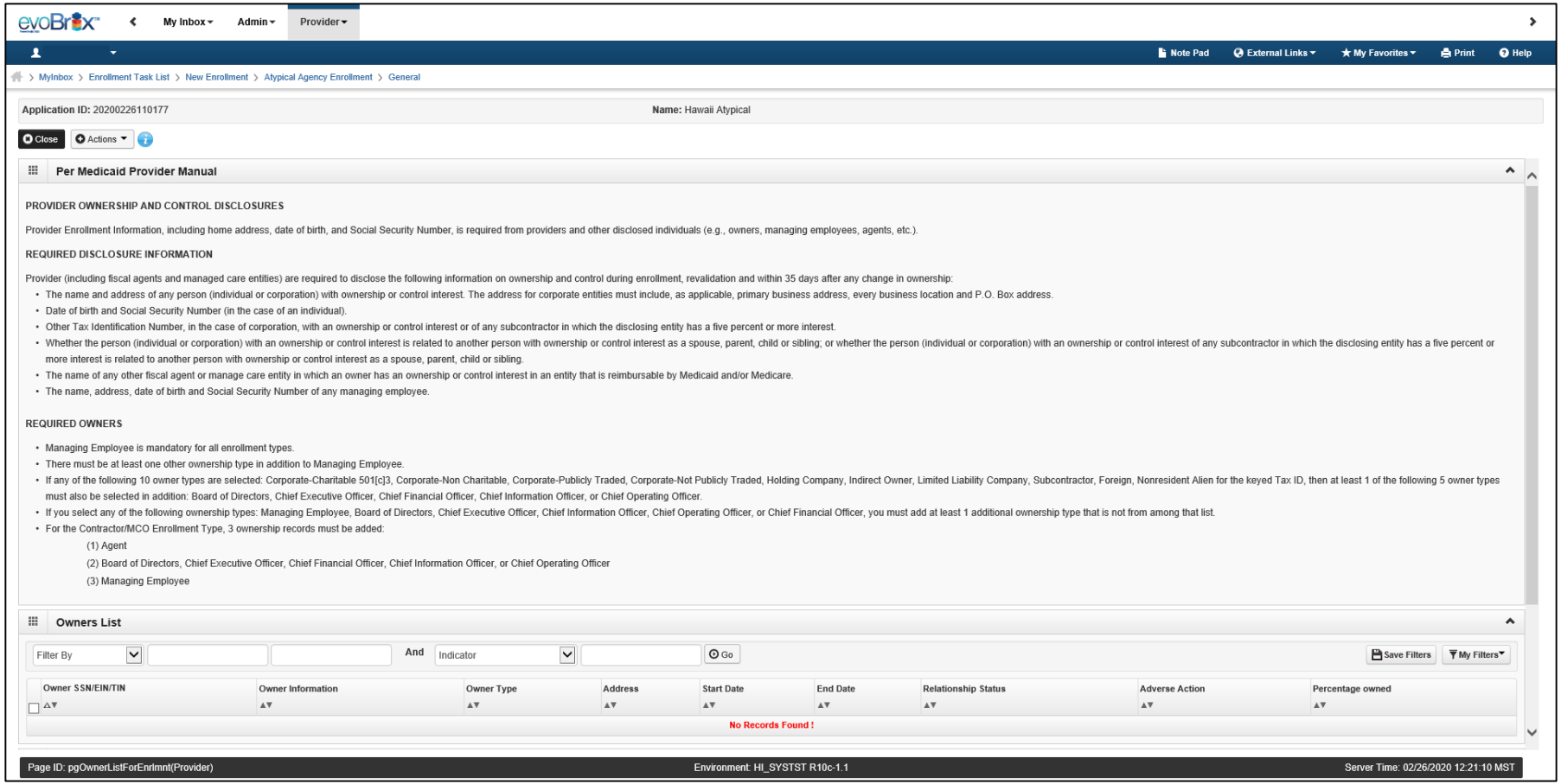
Add Additional Information



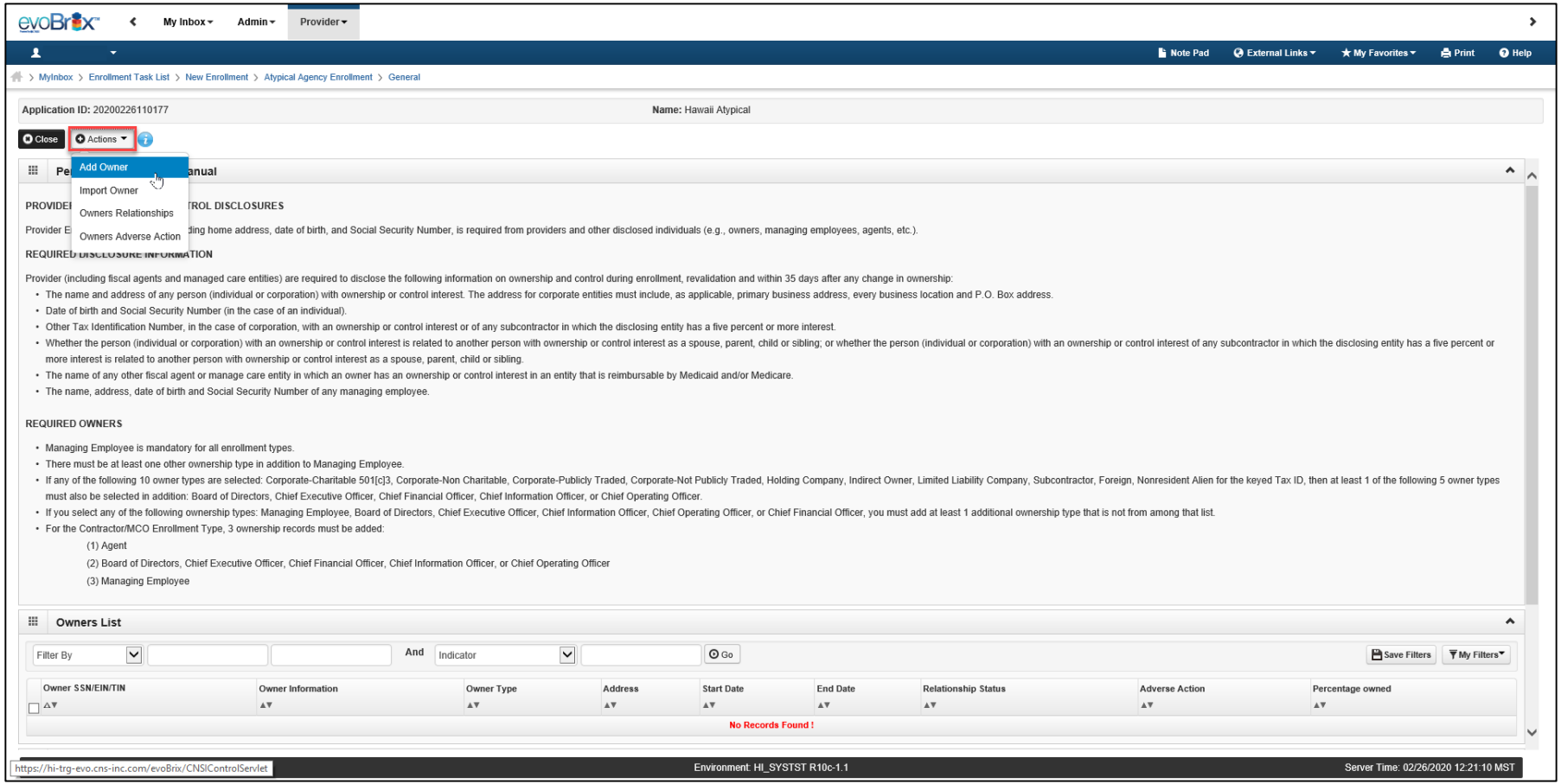
Step 8: Add Controlling Interest/Ownership Details



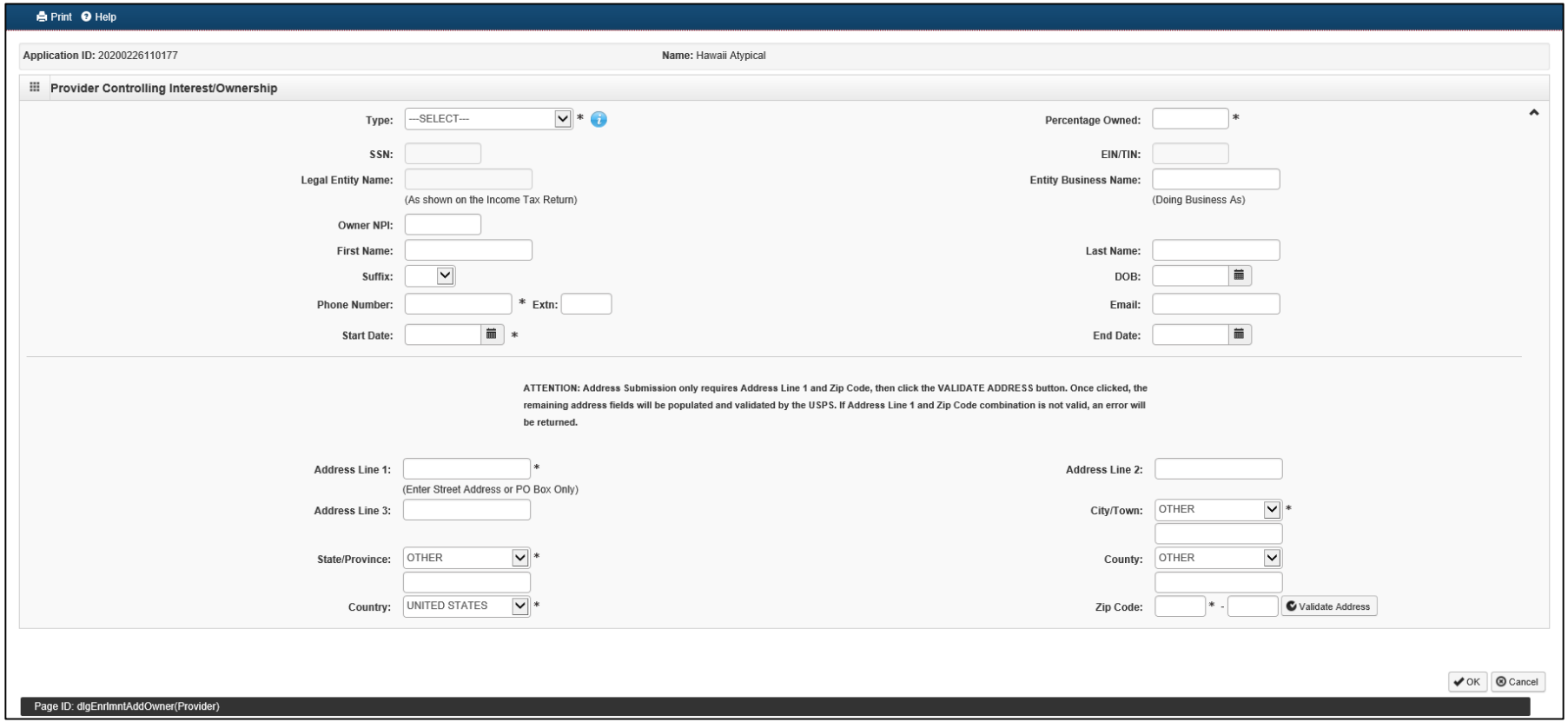
Add Controlling Interest/Ownership Details



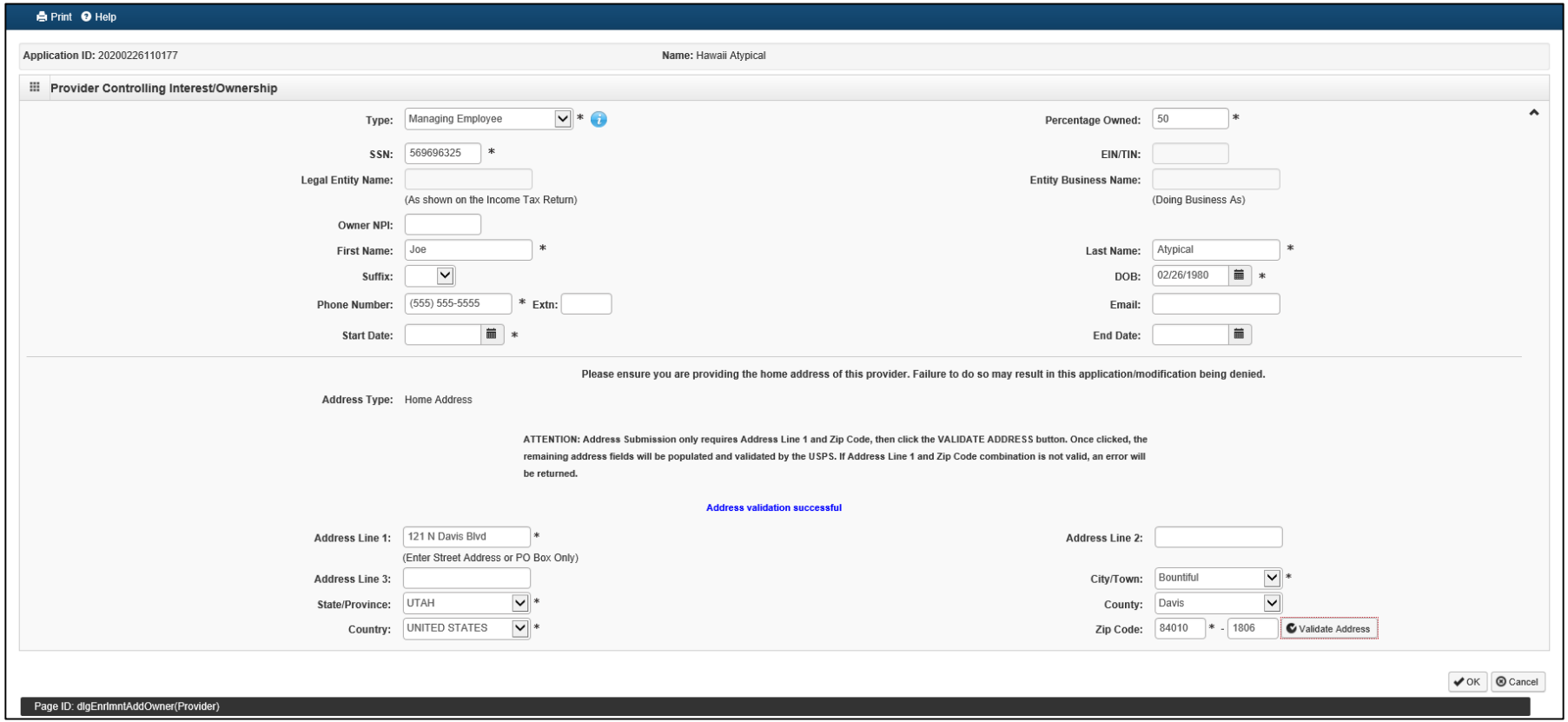
Add Owner



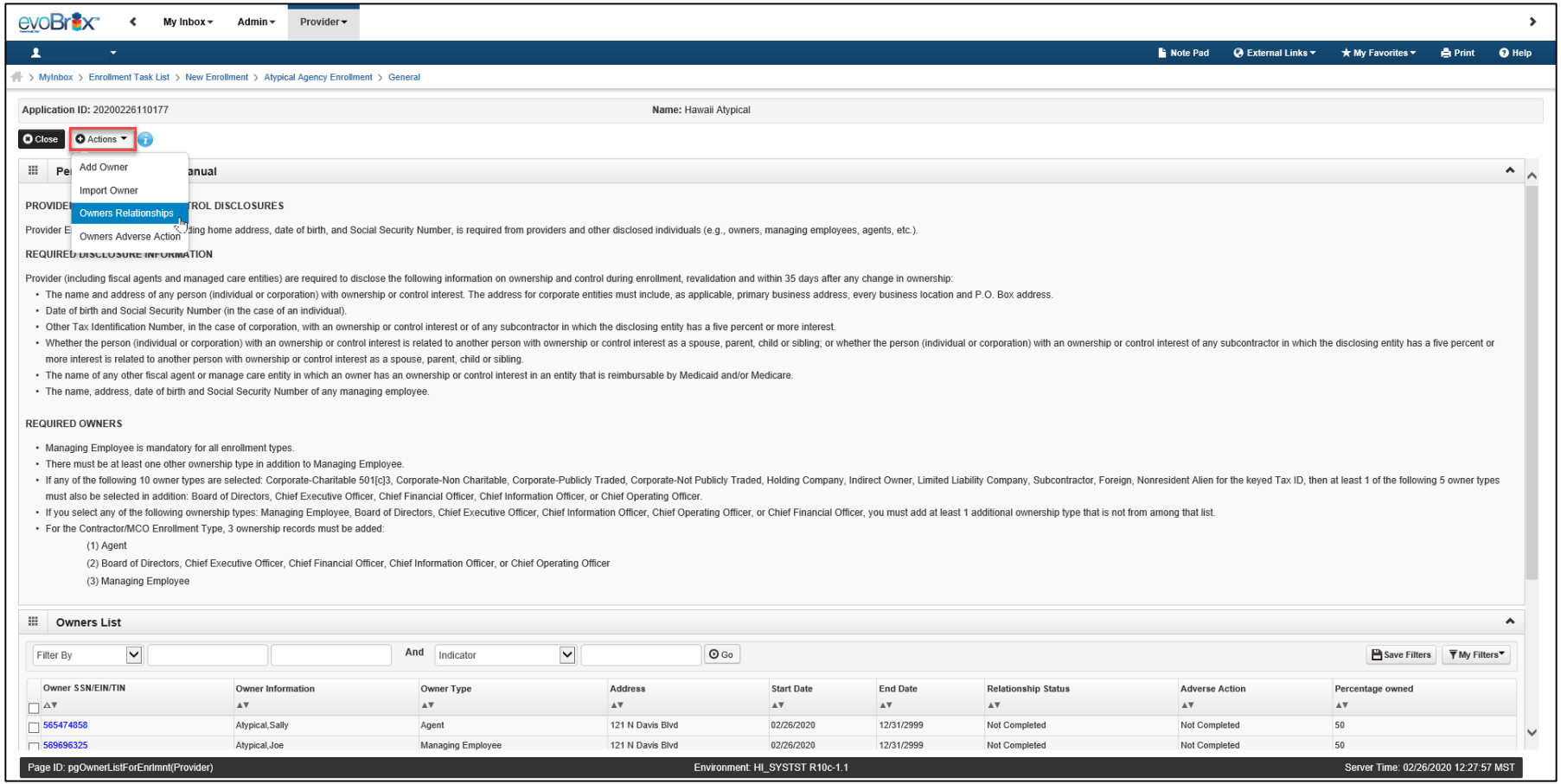
Add Ownership



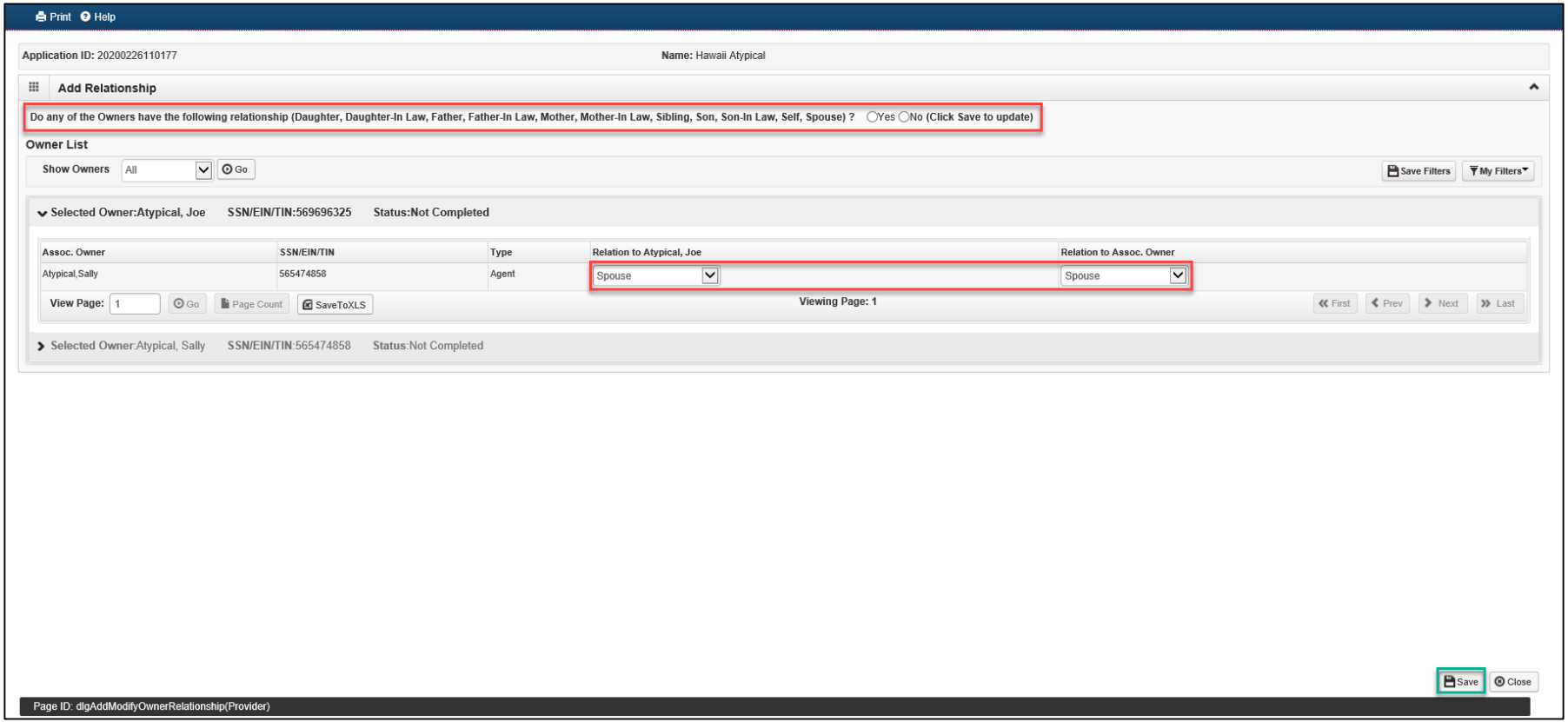
Add Ownership



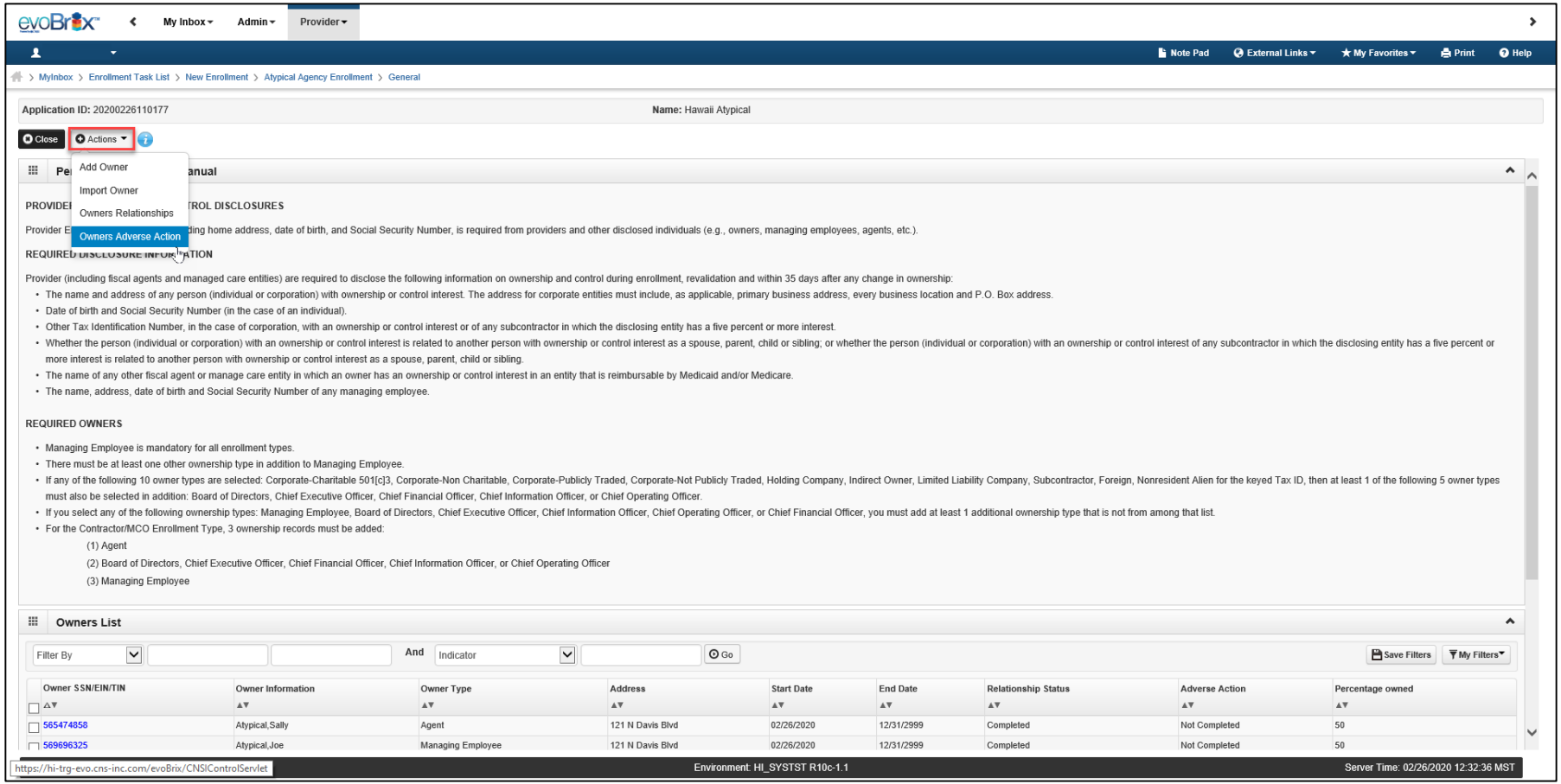
Add Owners Relationship



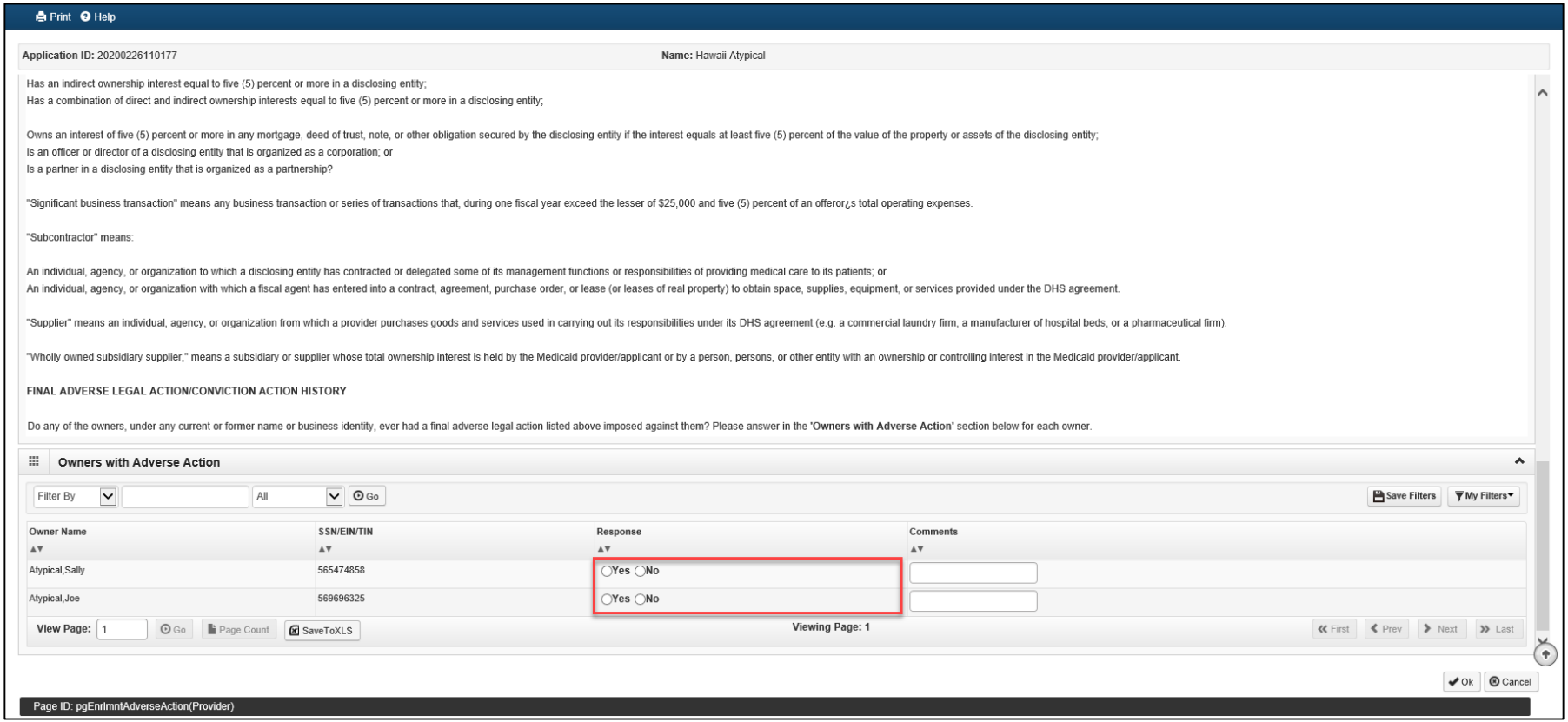
Add Owners Relationship



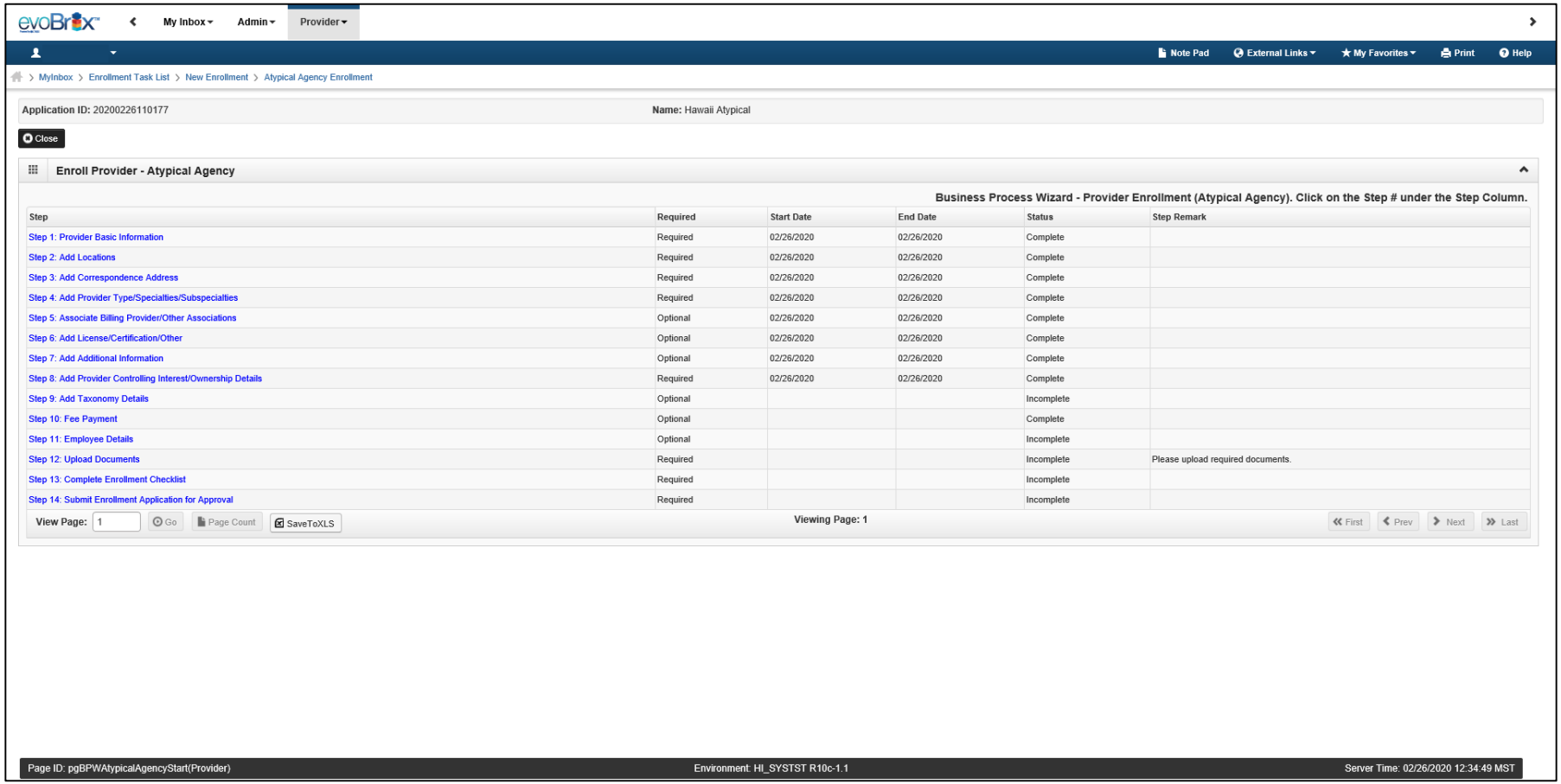
Complete Adverse Actions



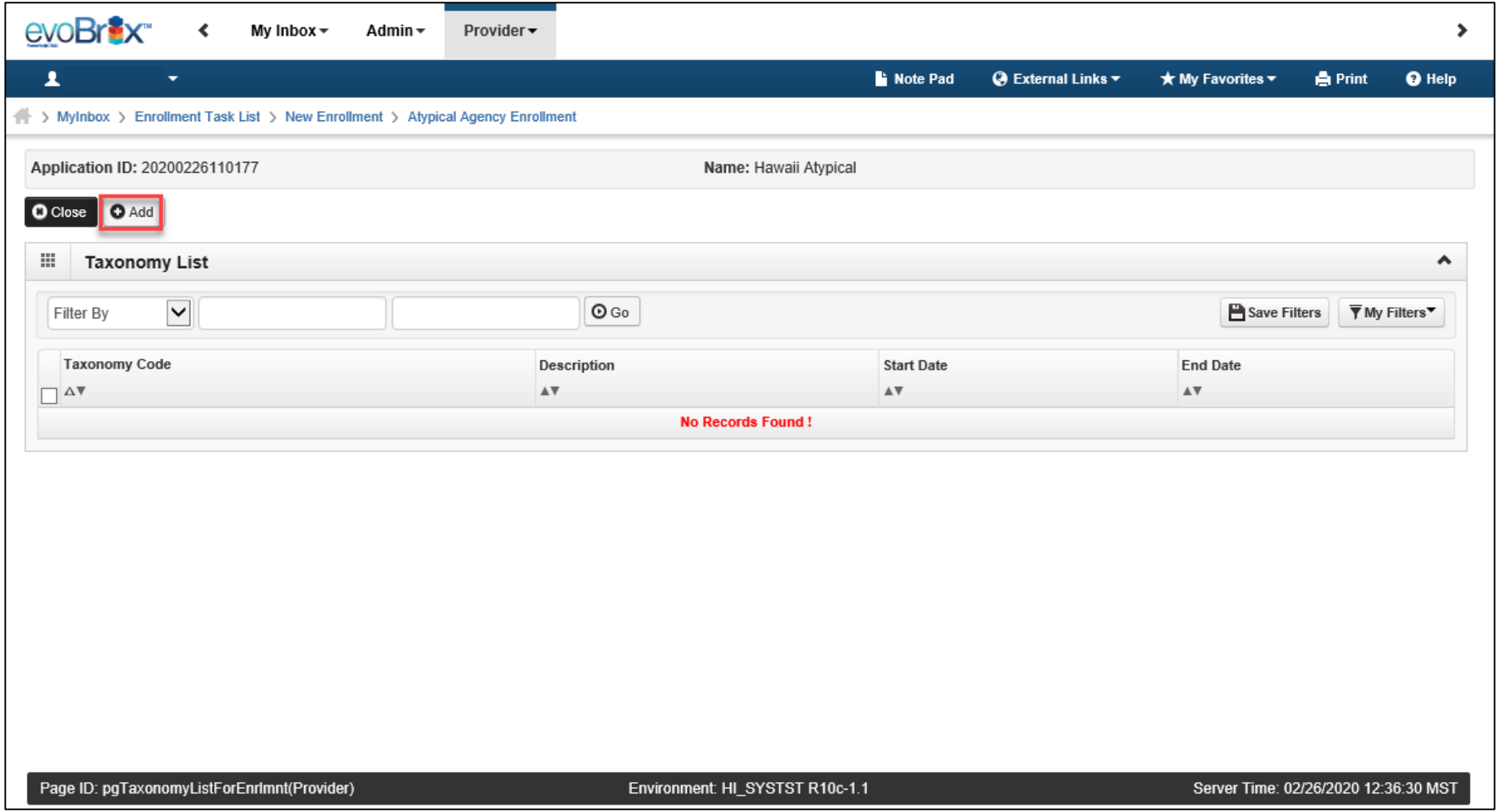
Disclose Adverse Actions



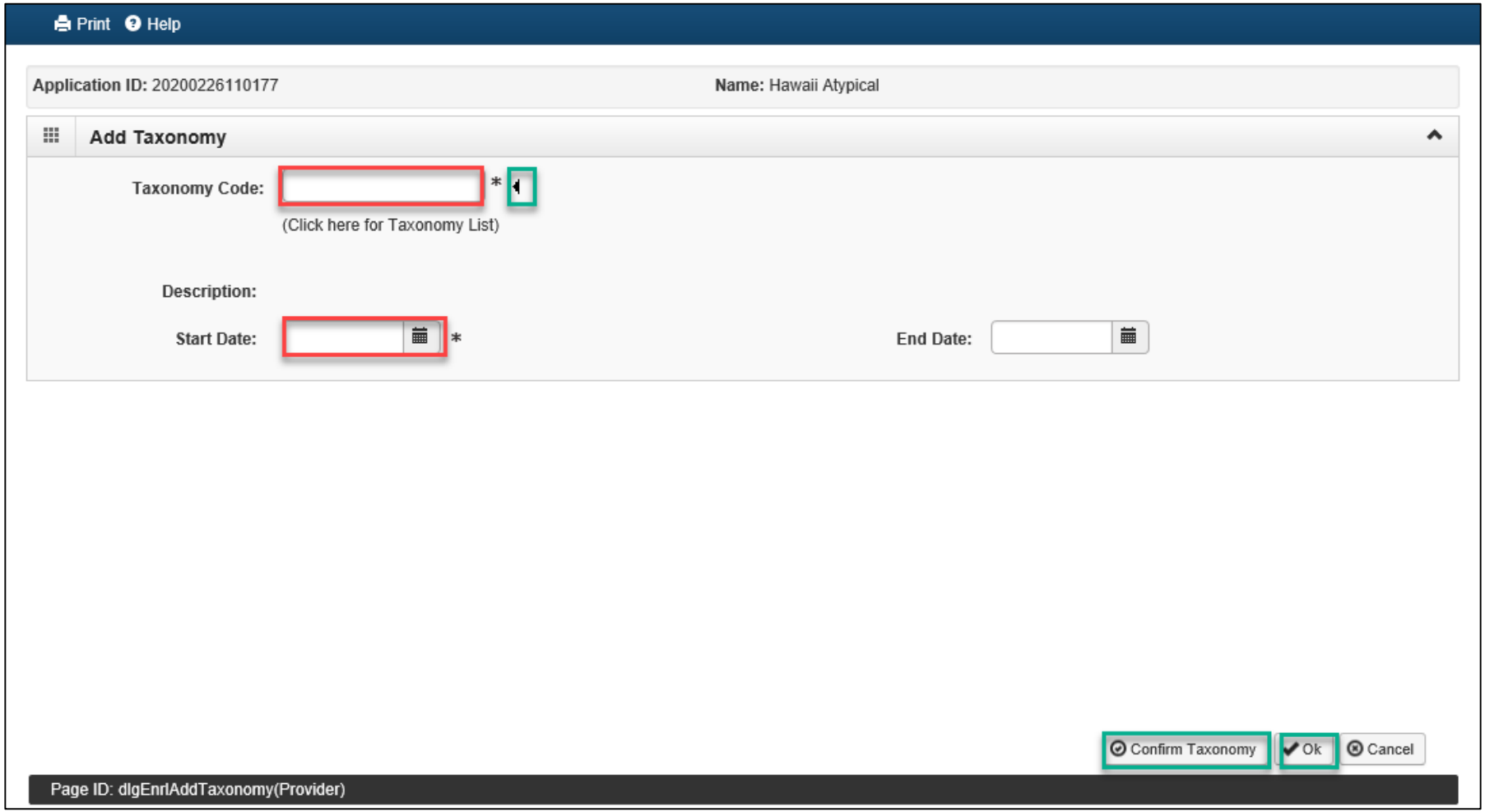
Step 9: Taxonomy Details



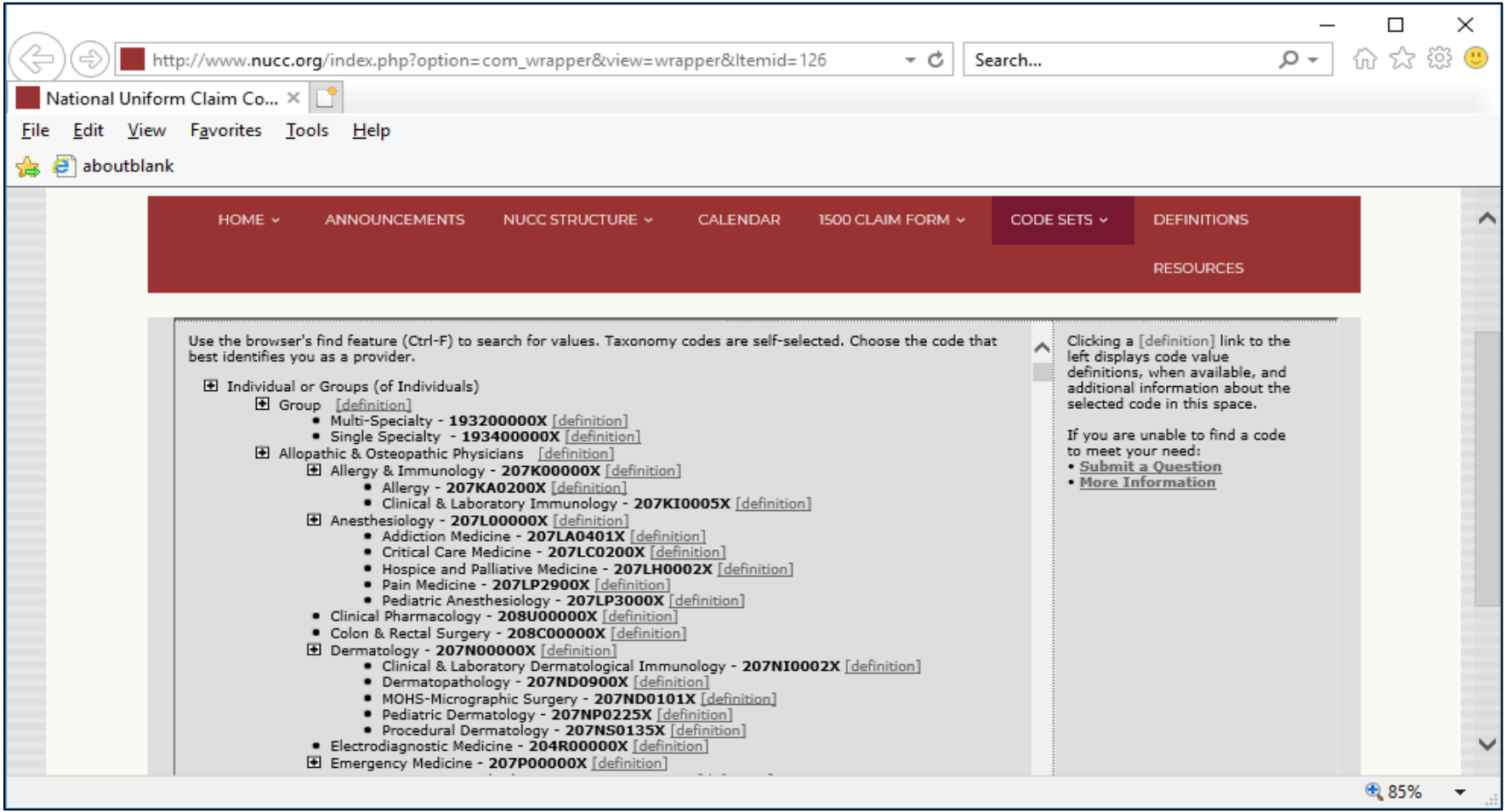
Add Taxonomy Details



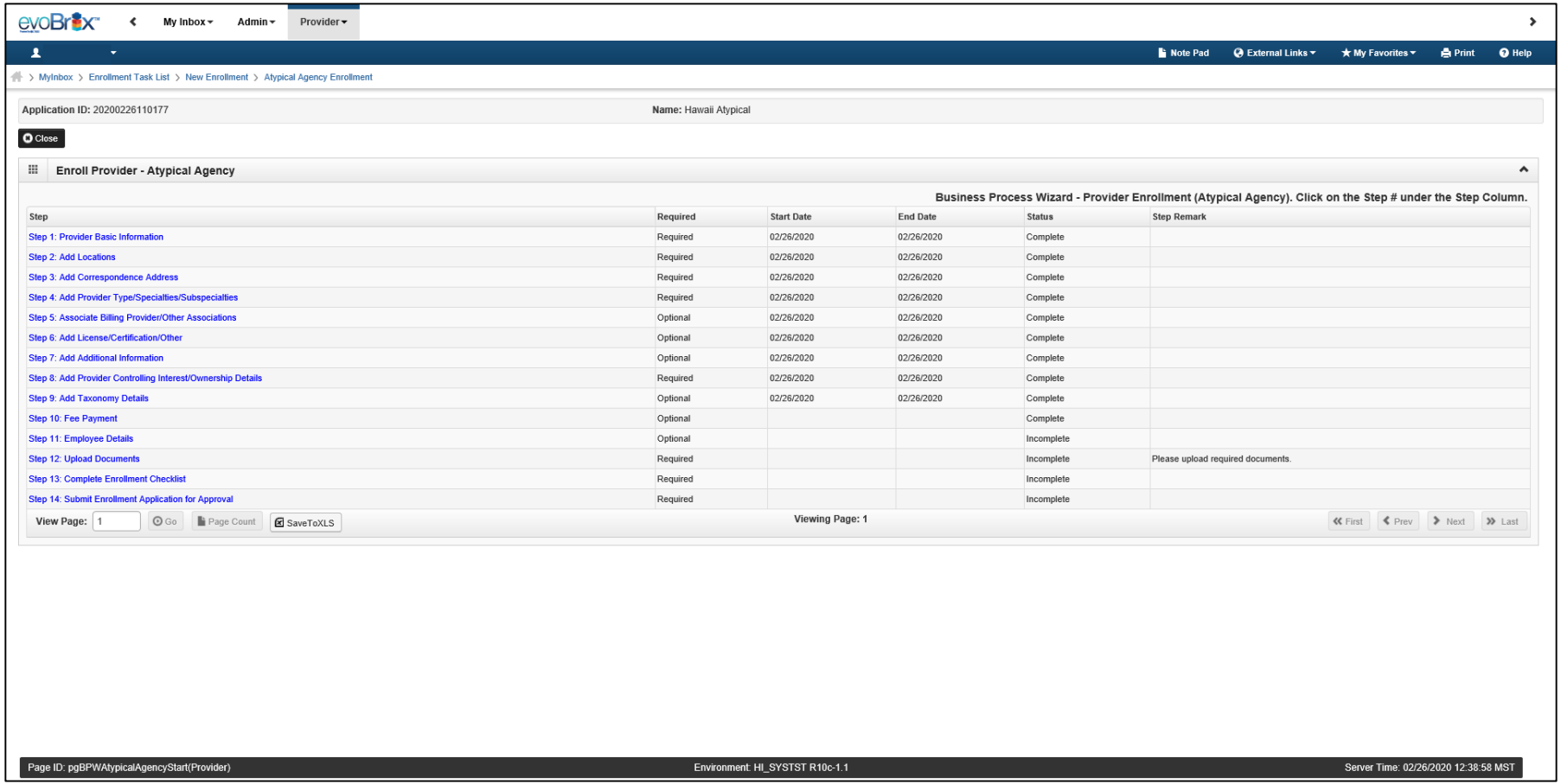
Add Taxonomy



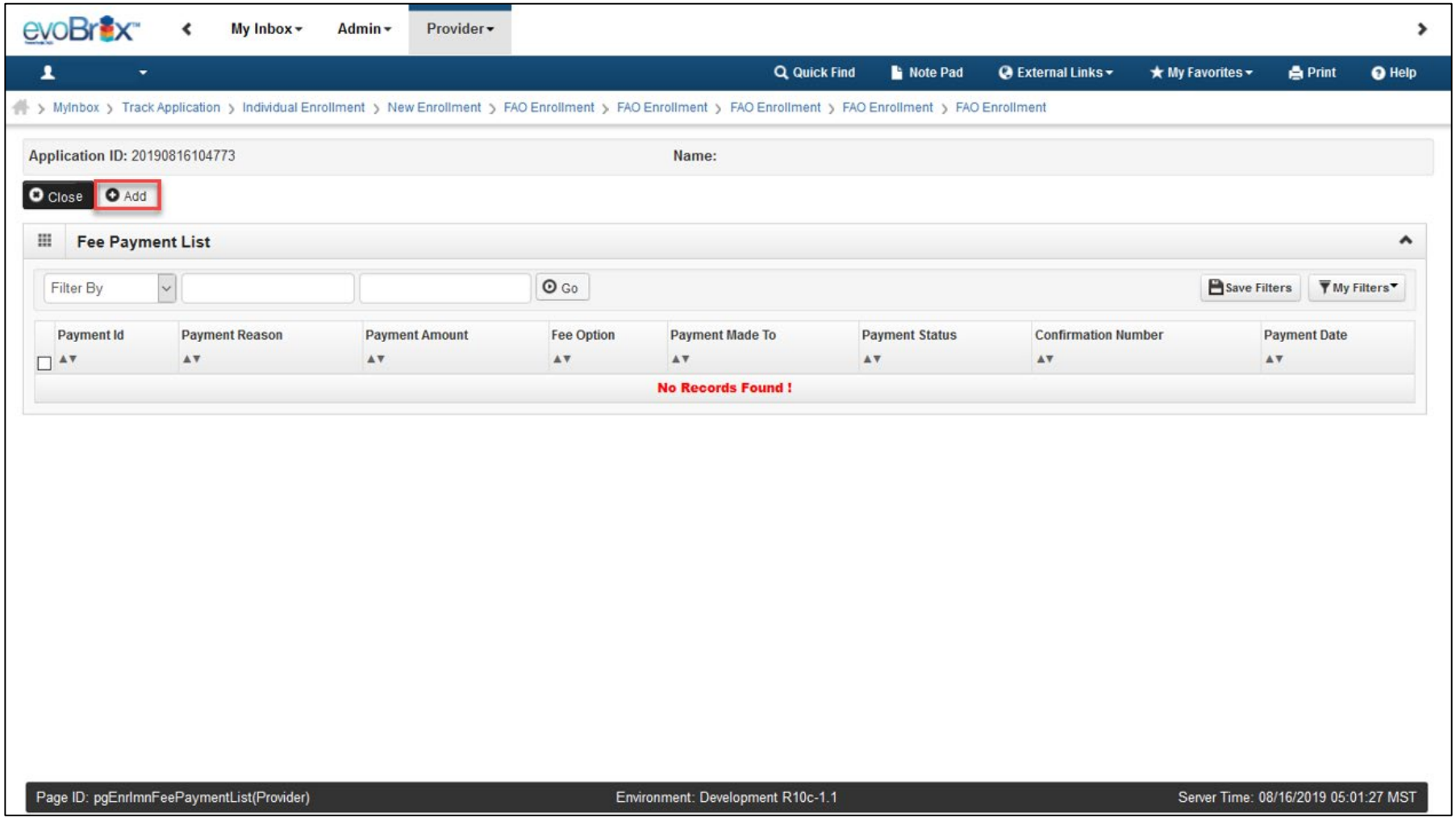
NUCC Taxonomy Code List



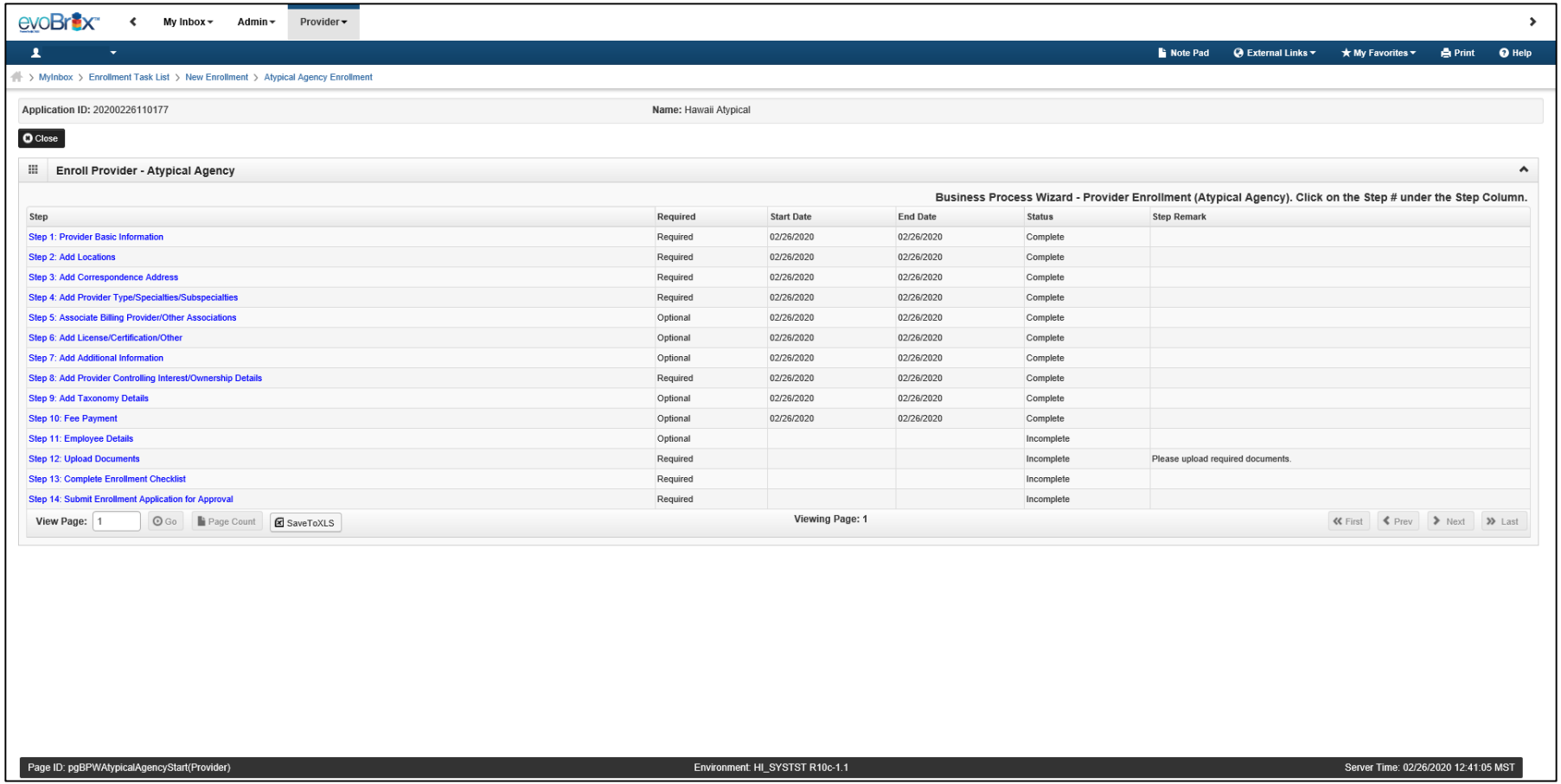
Step 10: Fee Payment



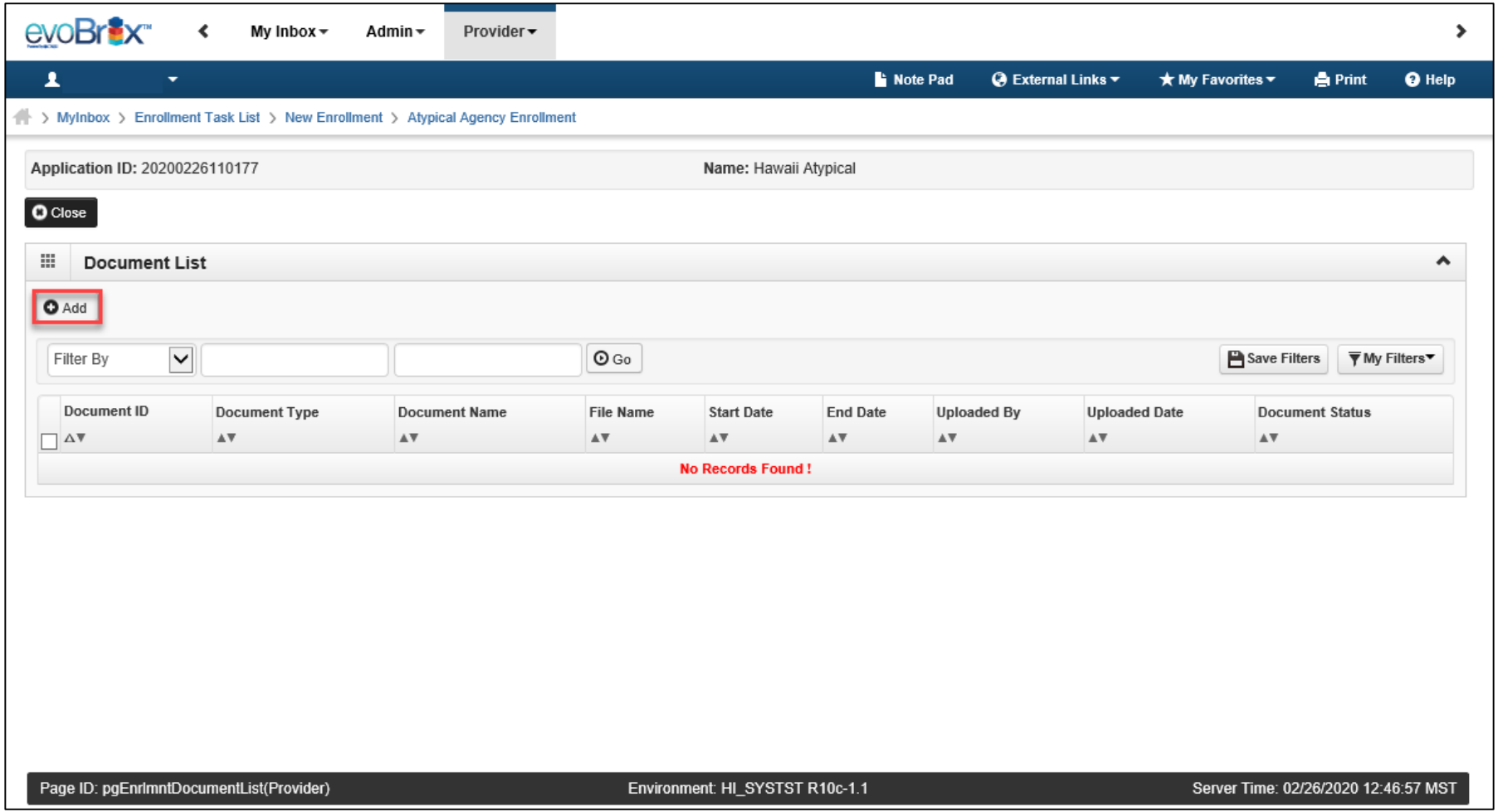
Step 10: Fee Payment



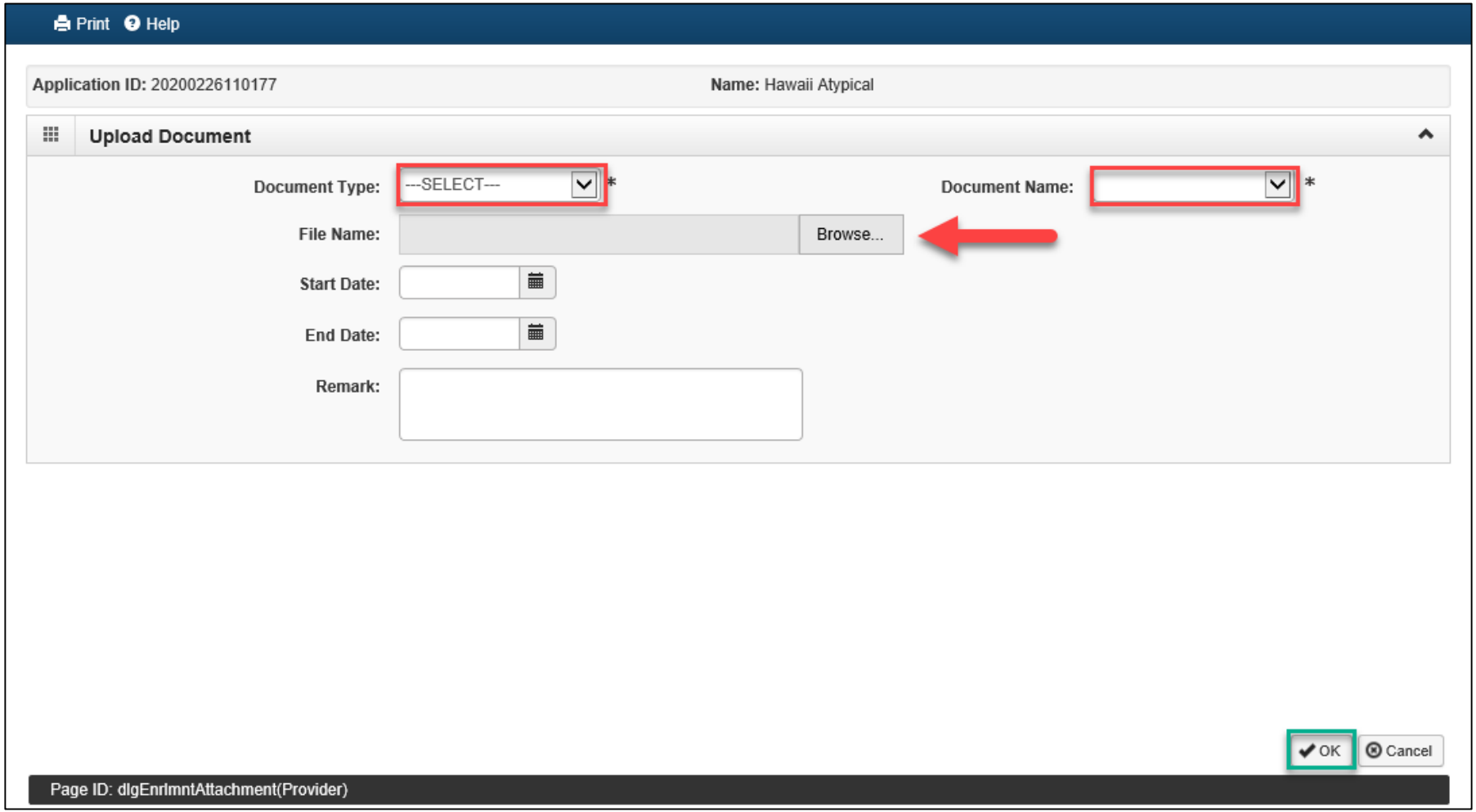
Upload Documents



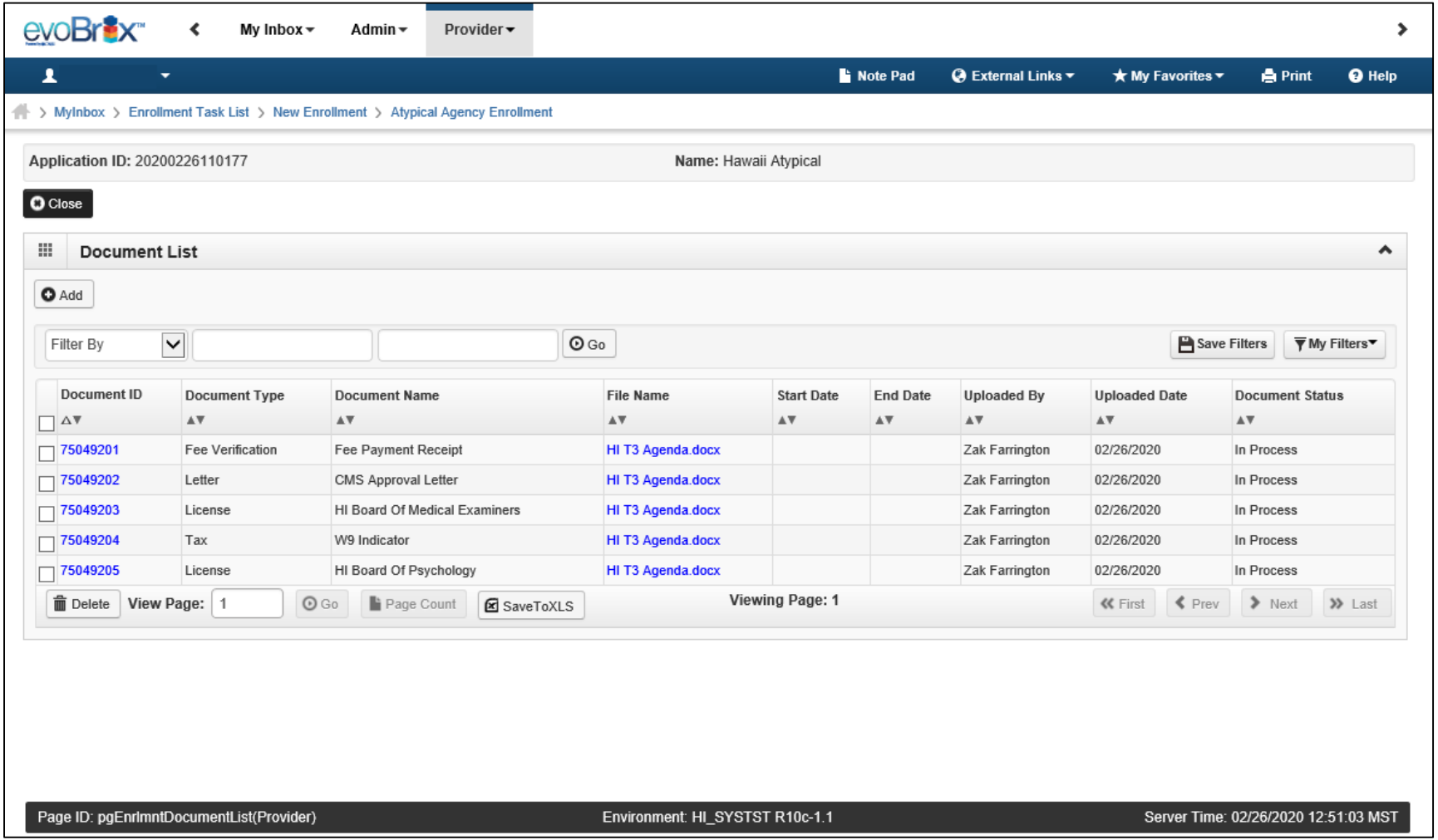
Step 11: Upload Documents



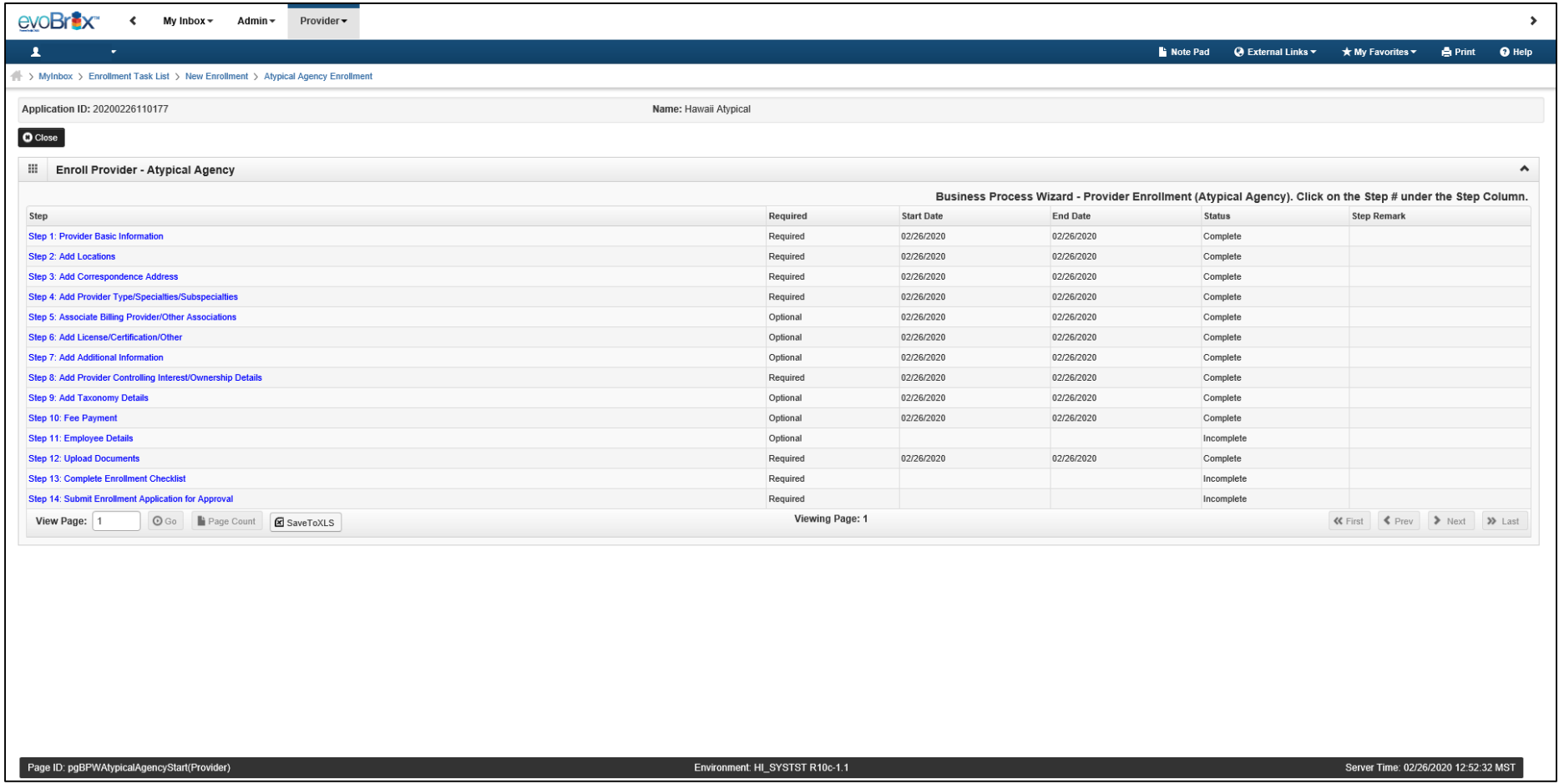
Upload Documents



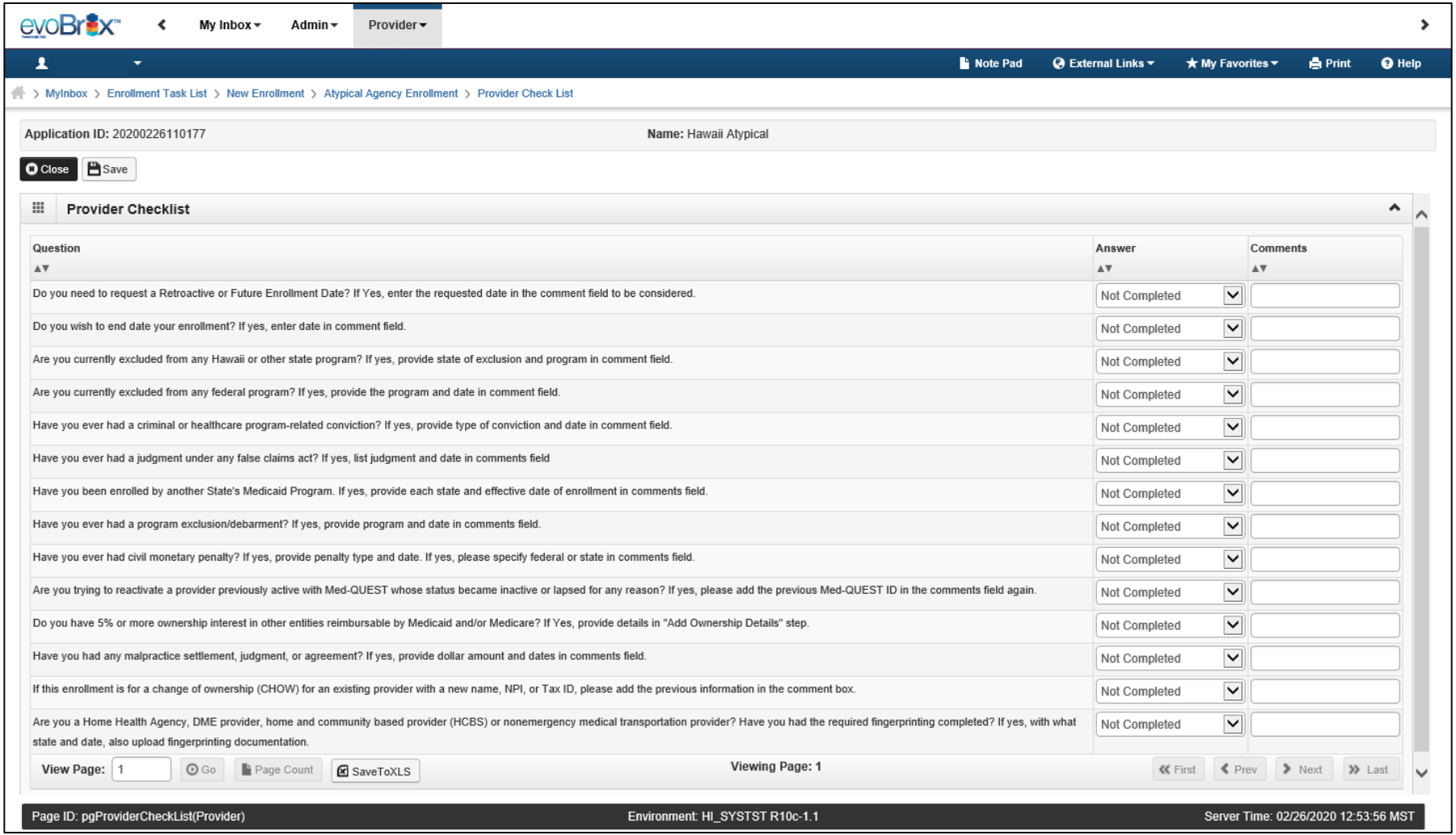
Upload Documents



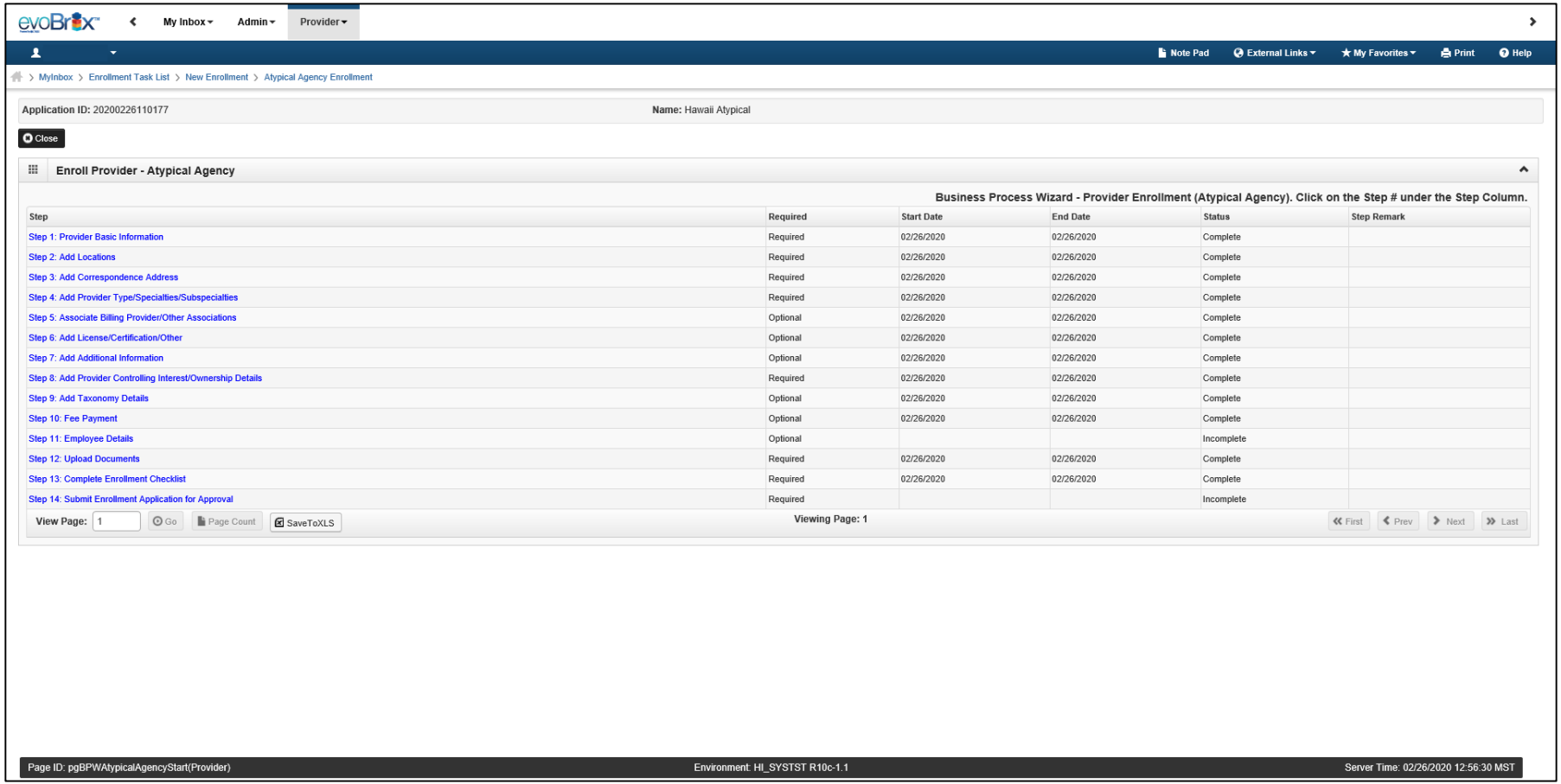
Step 13: Enrollment Checklist



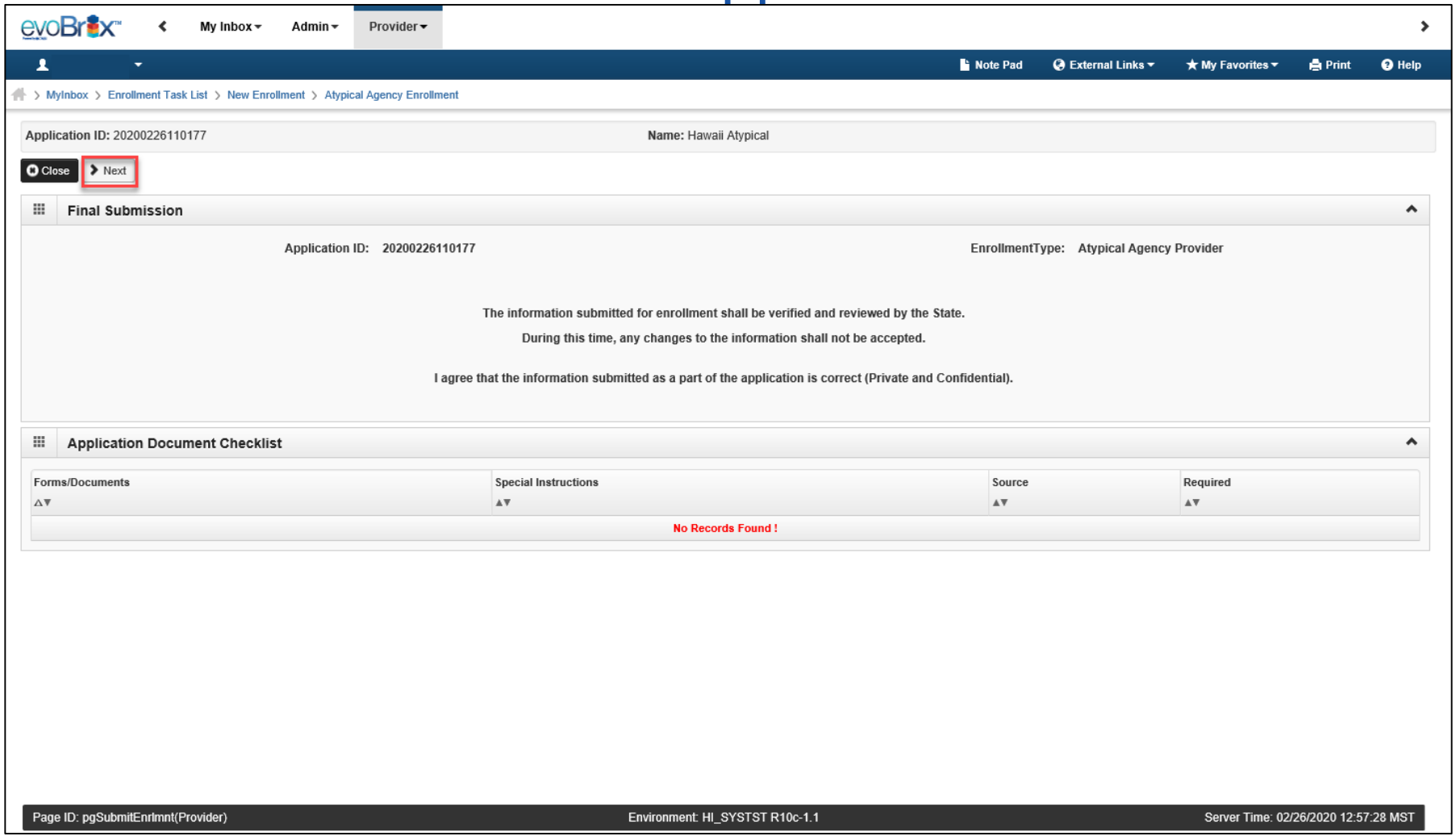
Enrollment Checklist



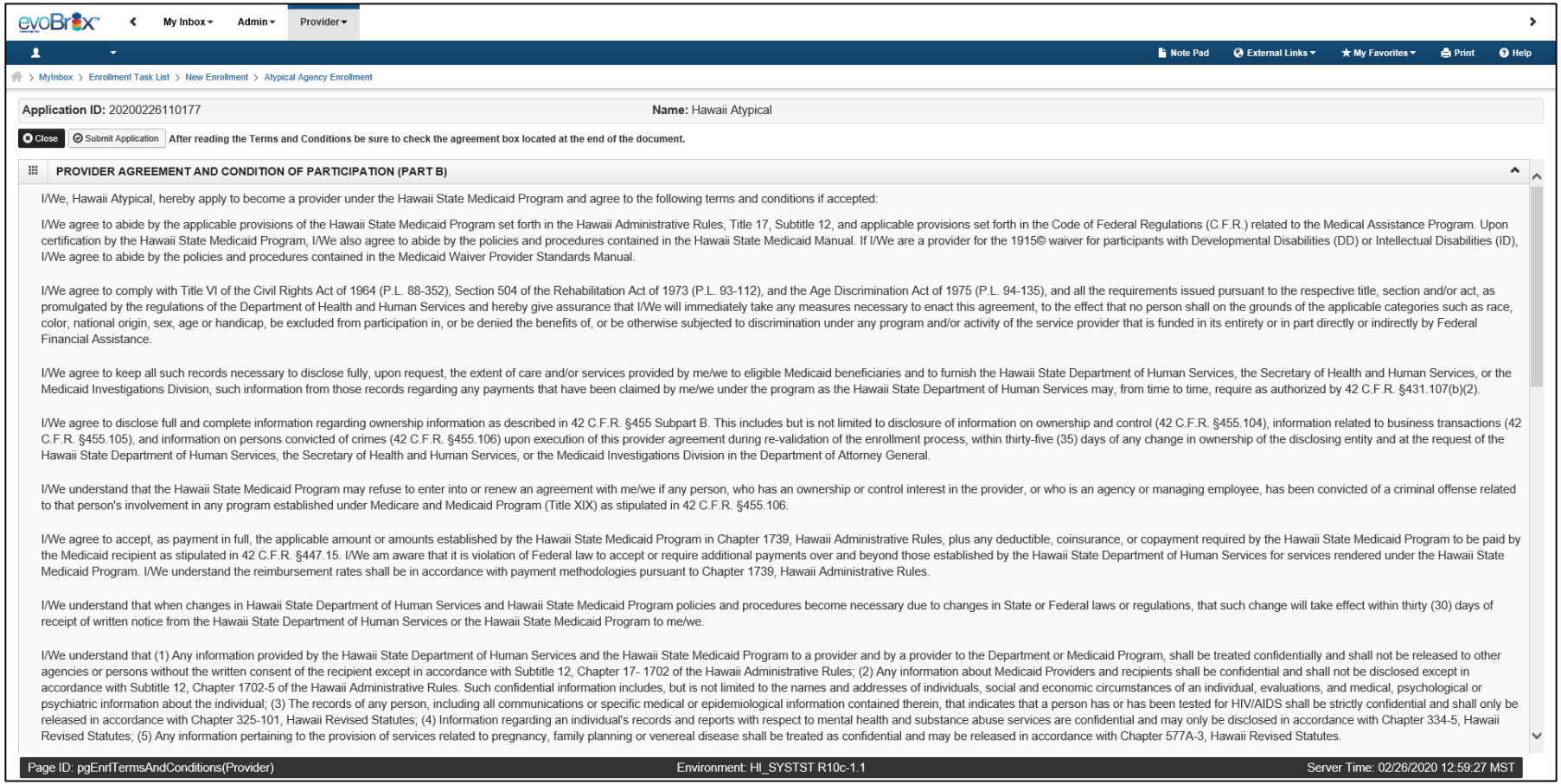
Last Step: Submit Application



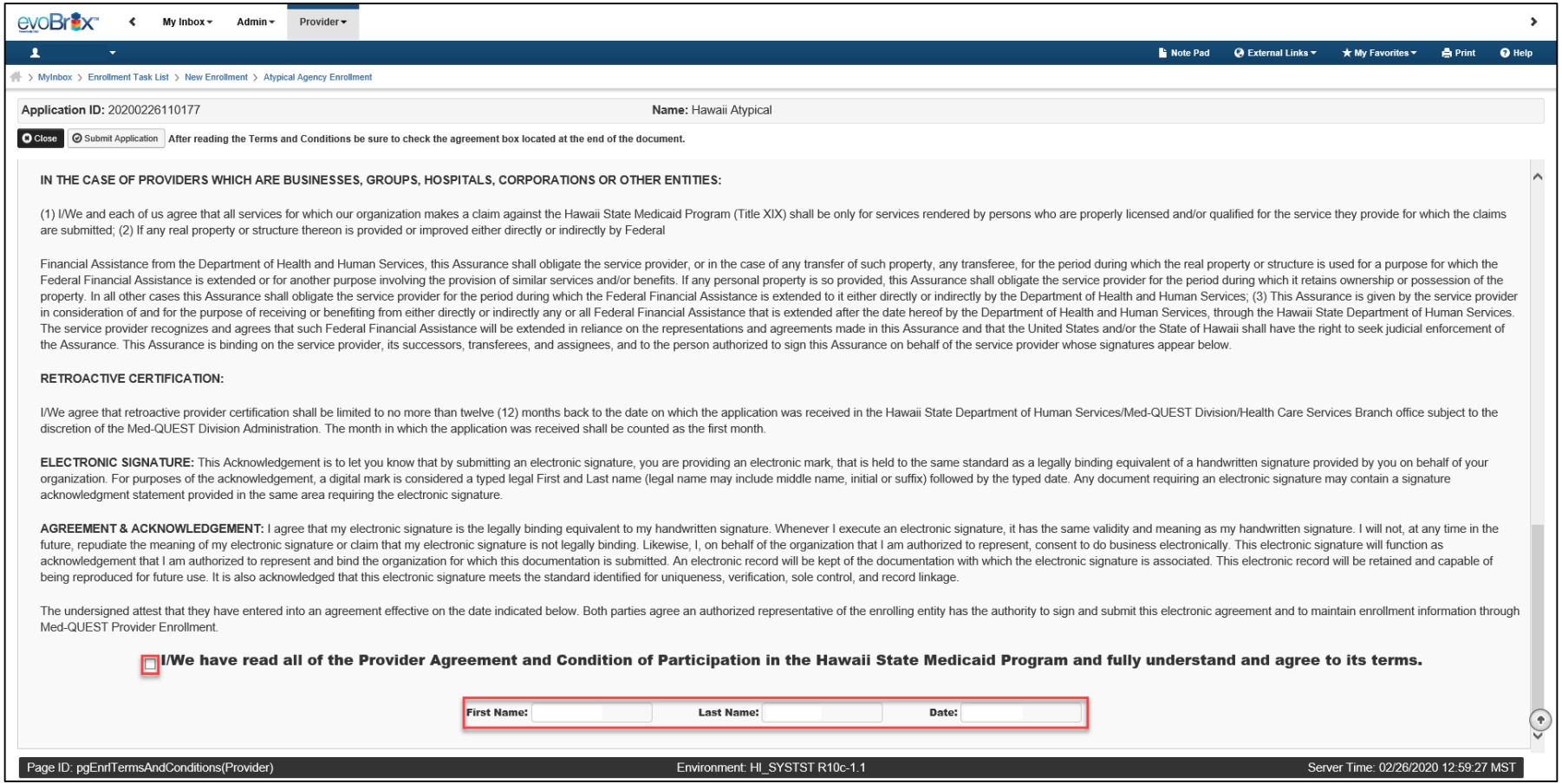
Submit Application



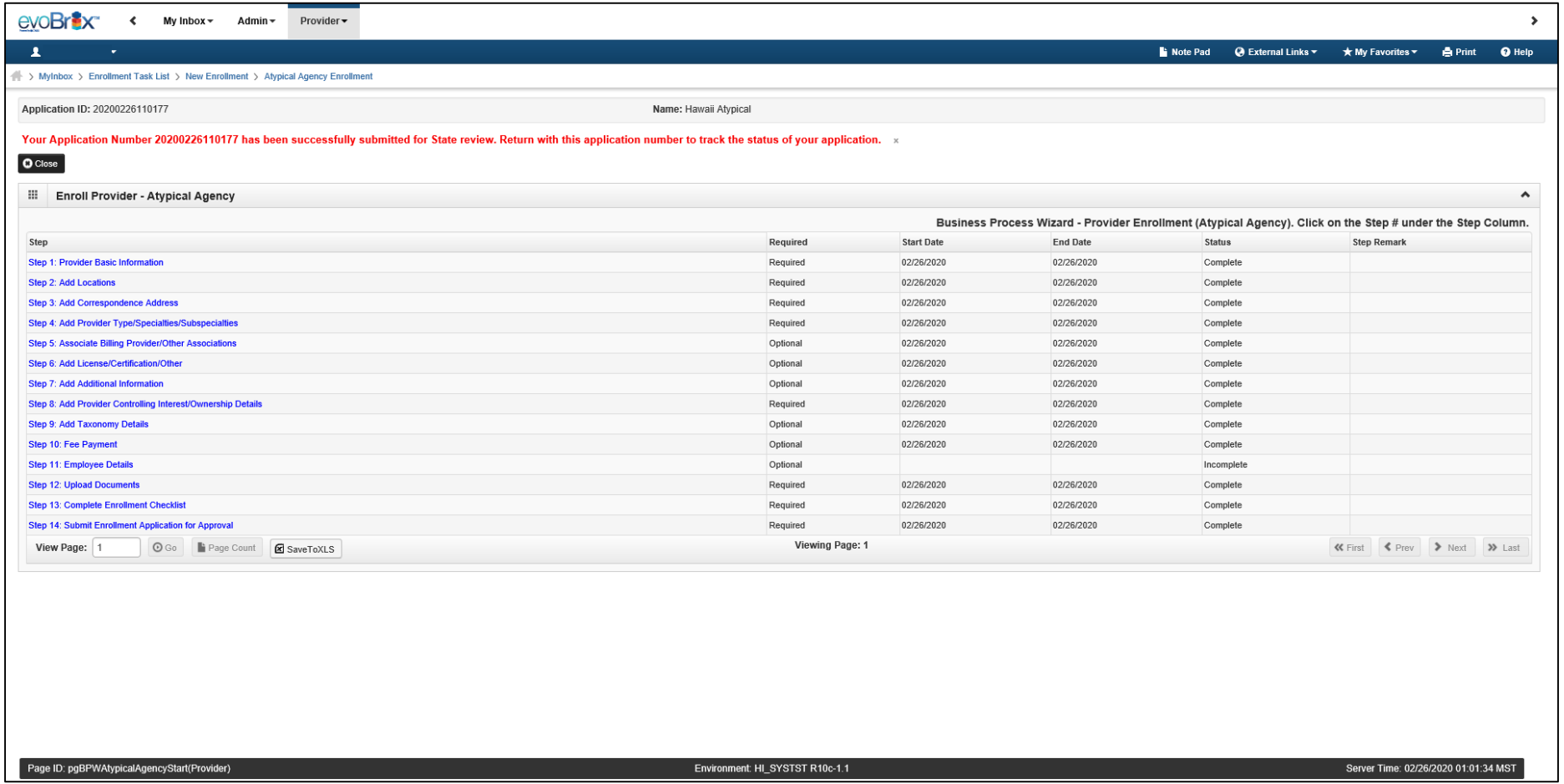
Review Provider Participation Agreement



Review Provider Participation Agreement



Submission Complete



Thank You!

Persistence, Perseverance and Passion as always remains our credo.

Contact Med-QUEST

Office:
601 Kamokila Blvd., Room 506A
Kapolei, HI 96707

email: hcsbinquiries@dhs.hawaii.gov
phone: 808-692-8099
fax: 808-692-8087

https://medquest.hawaii.gov/en/plans-providers/Provider-Management-System-Upgrade.html