CNSI innovation@work

Group Enrollment

HOKU New Application Path

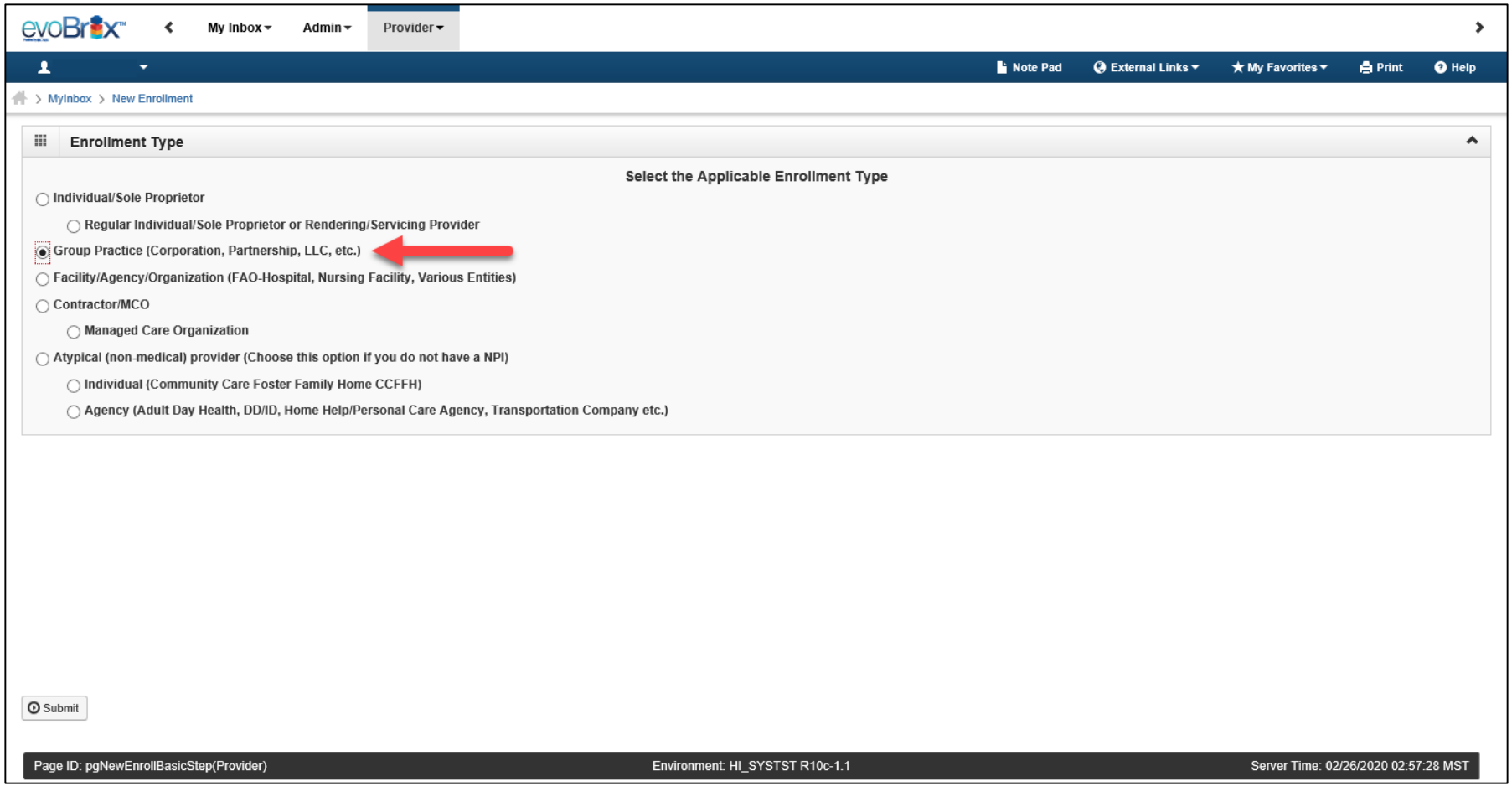
Hawaii Train-the-Trainer Materials

Created February 28, 2020

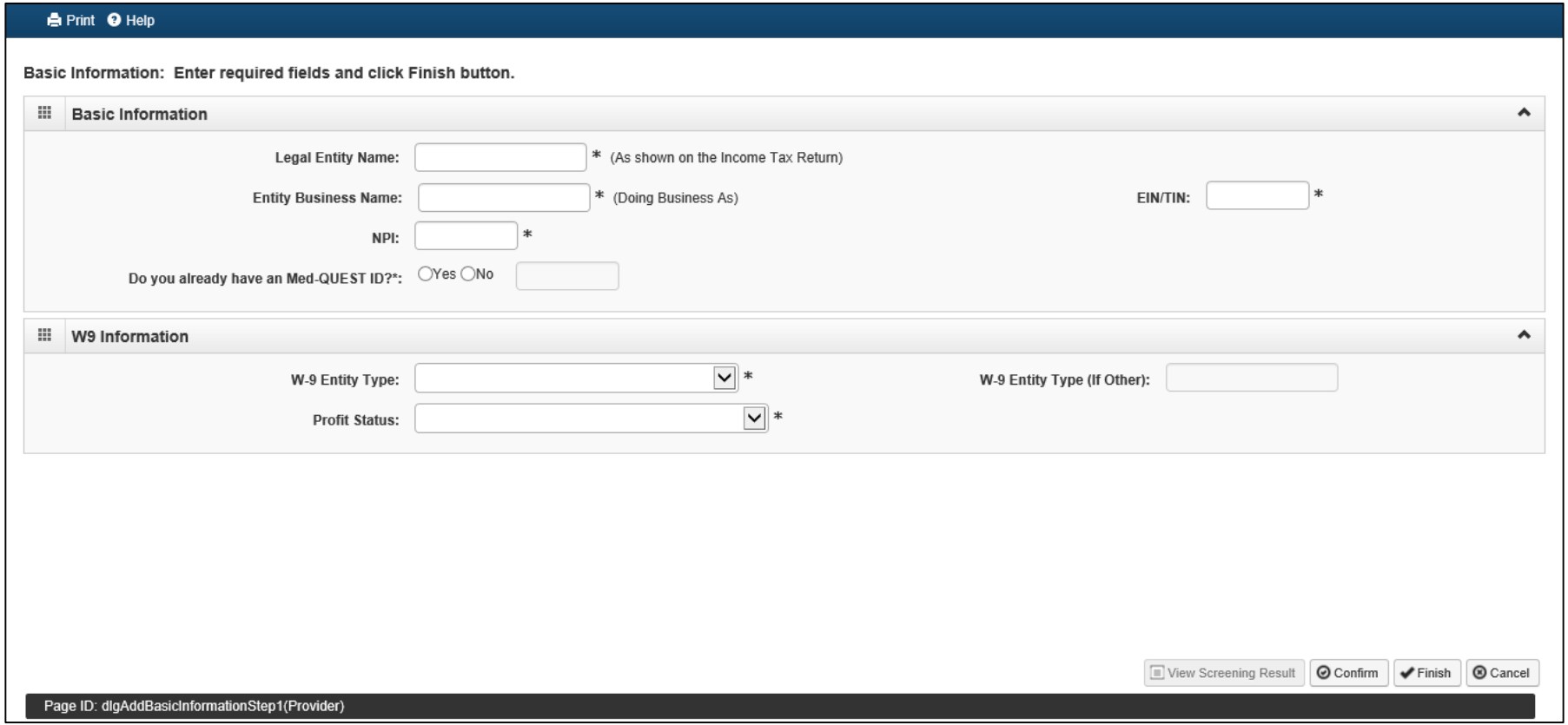
Selecting Group Enrollment Type

- If the provider being enrolled is a group biller or group billing organization, please select the Group Enrollment Type.
- These providers include:
  - Group Billers
  - Group Billing Organizations

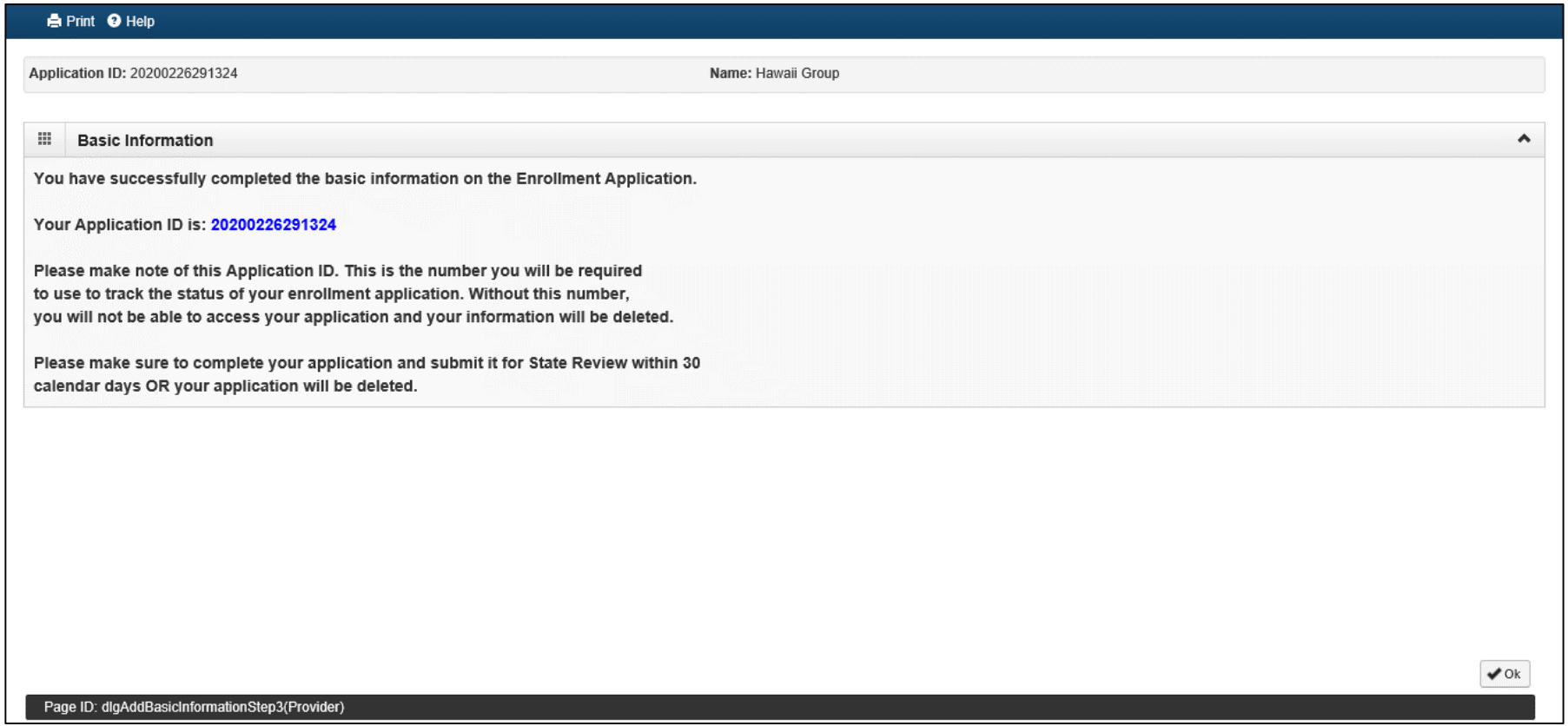
Select the Group Enrollment Button



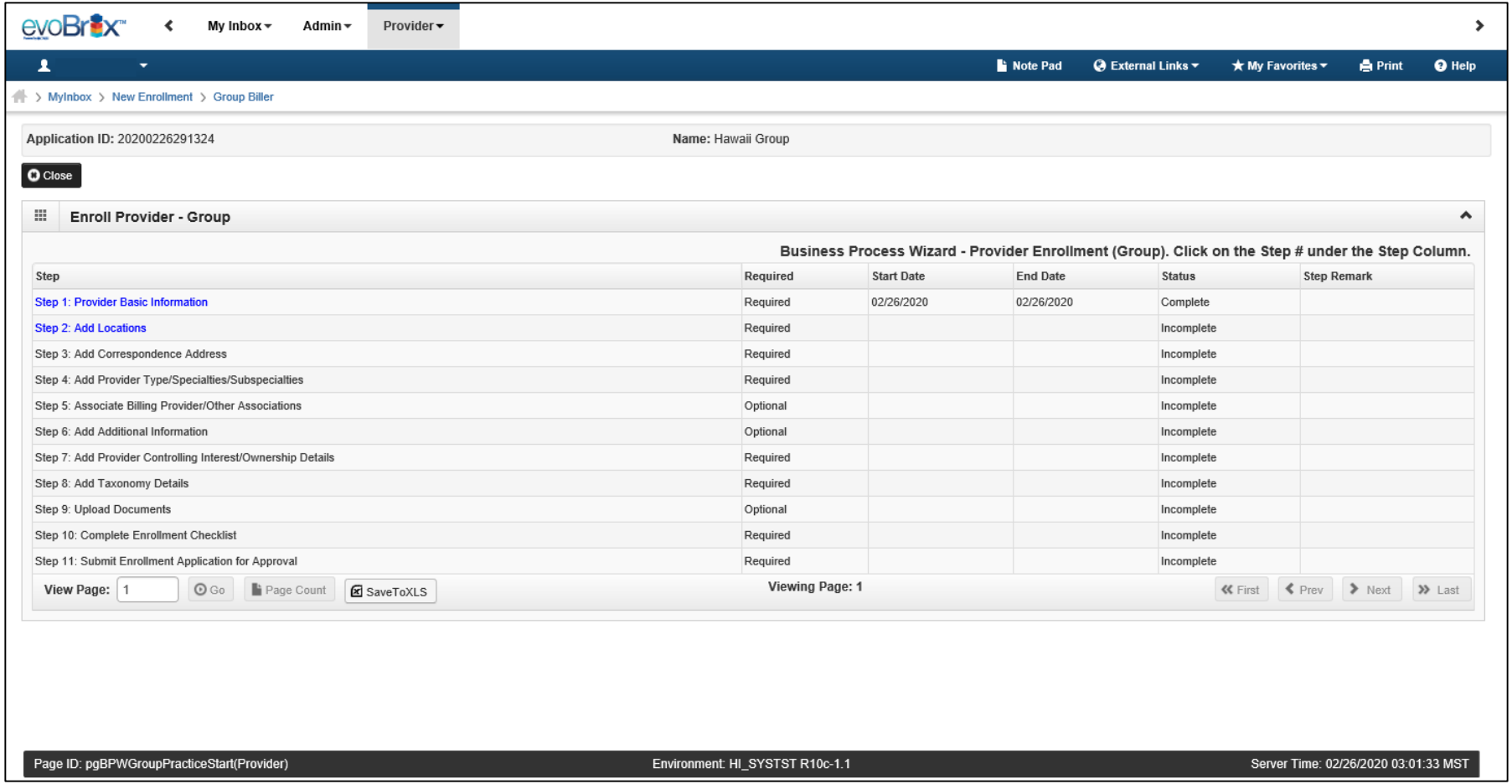
Step 1: Provide Basic Information



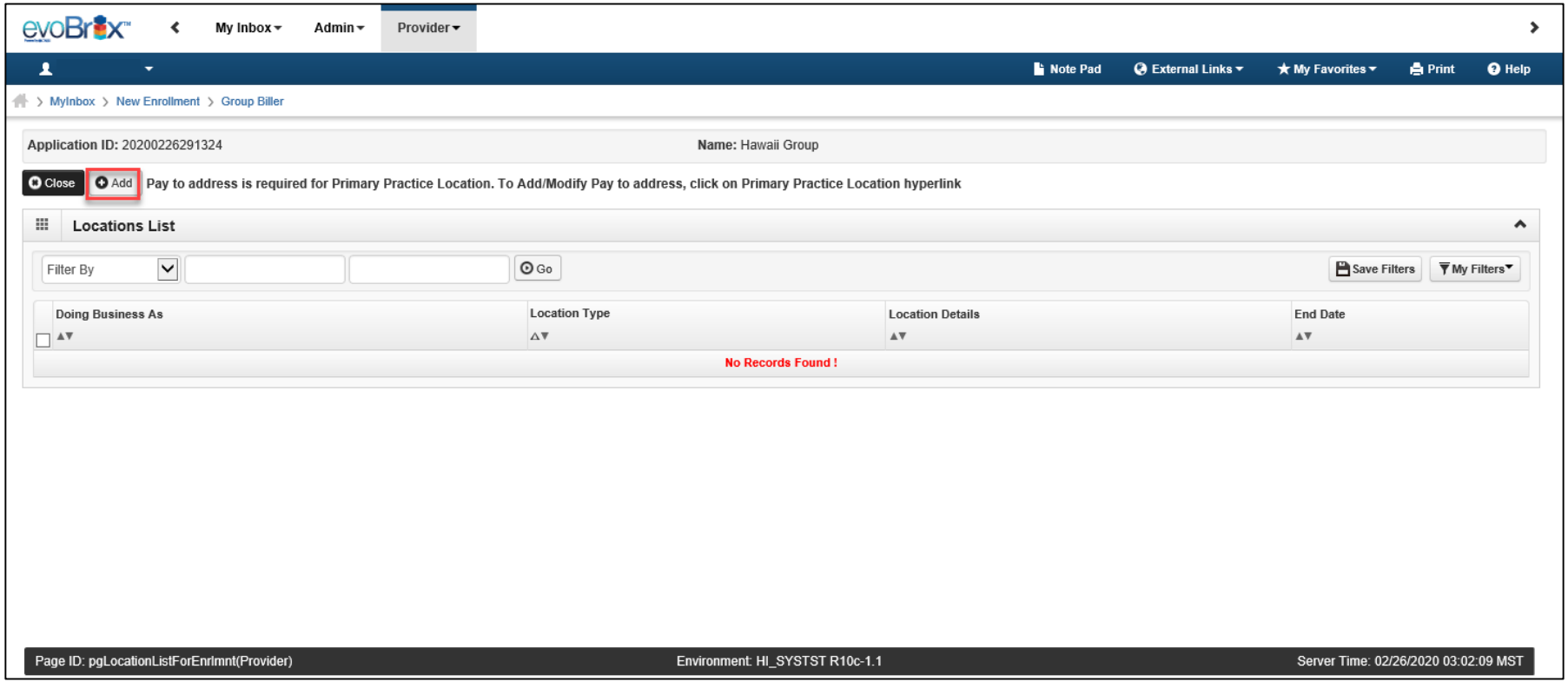
Application ID



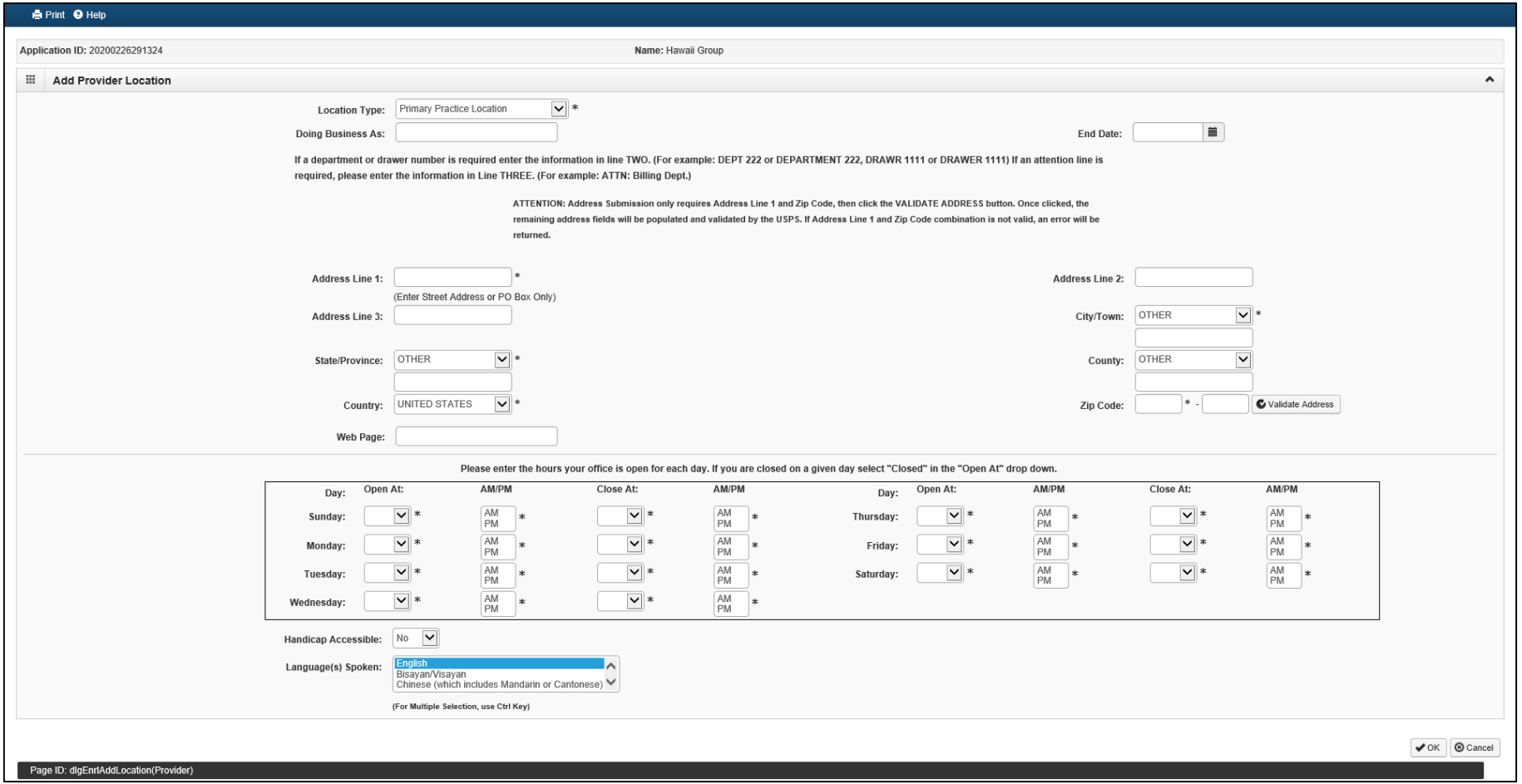
Enrollment Steps



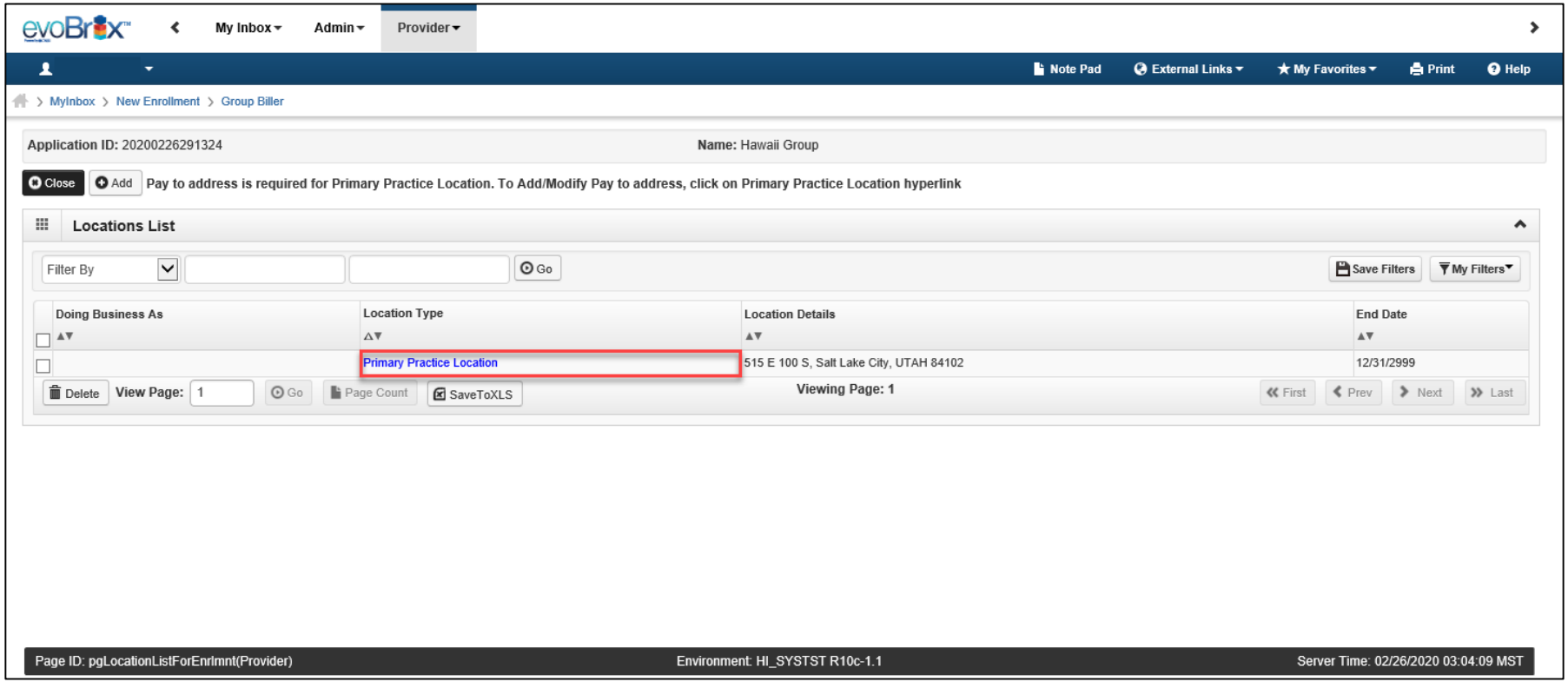
Step 2: Add Locations



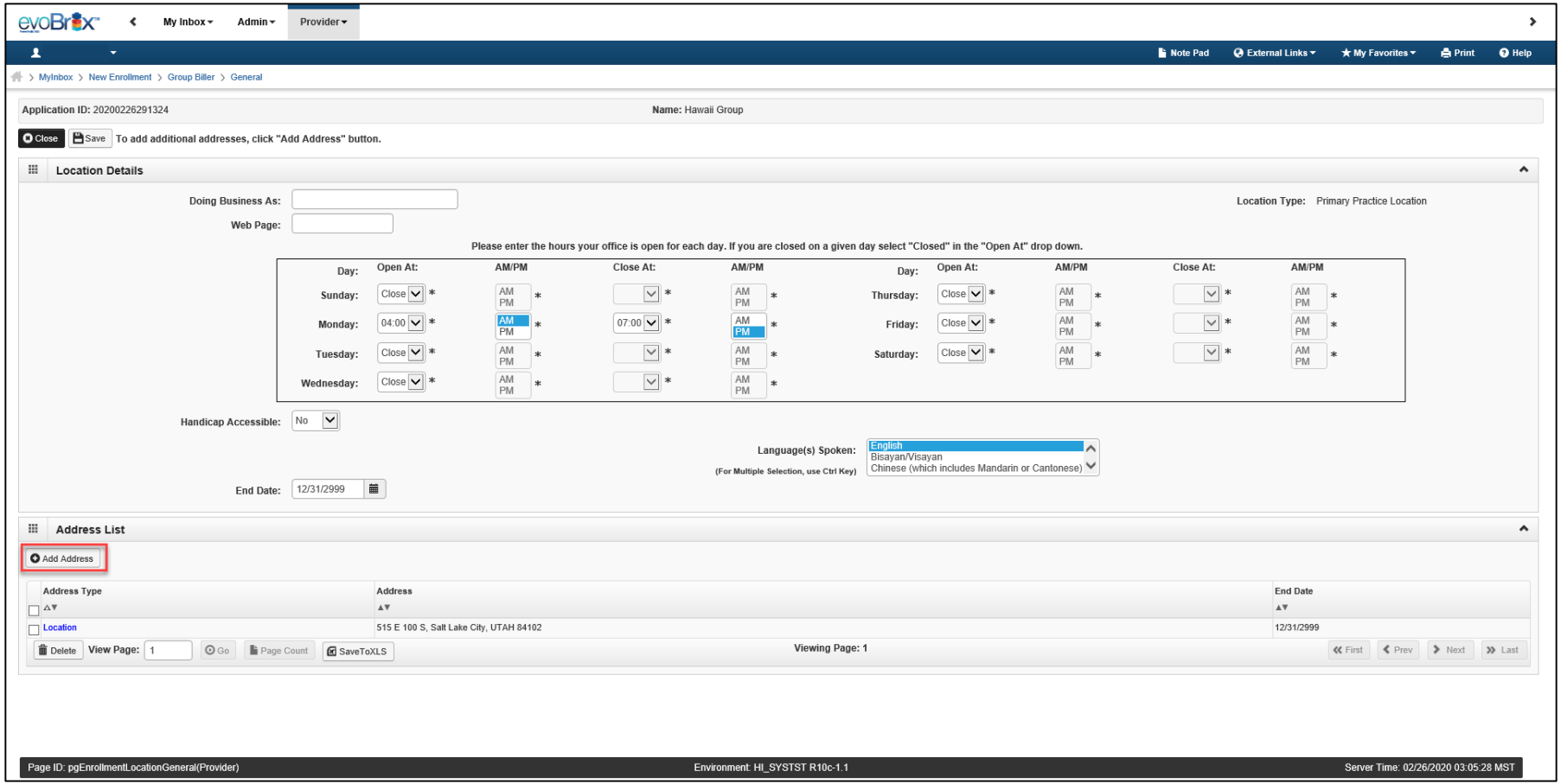
Add Primary Practice Address



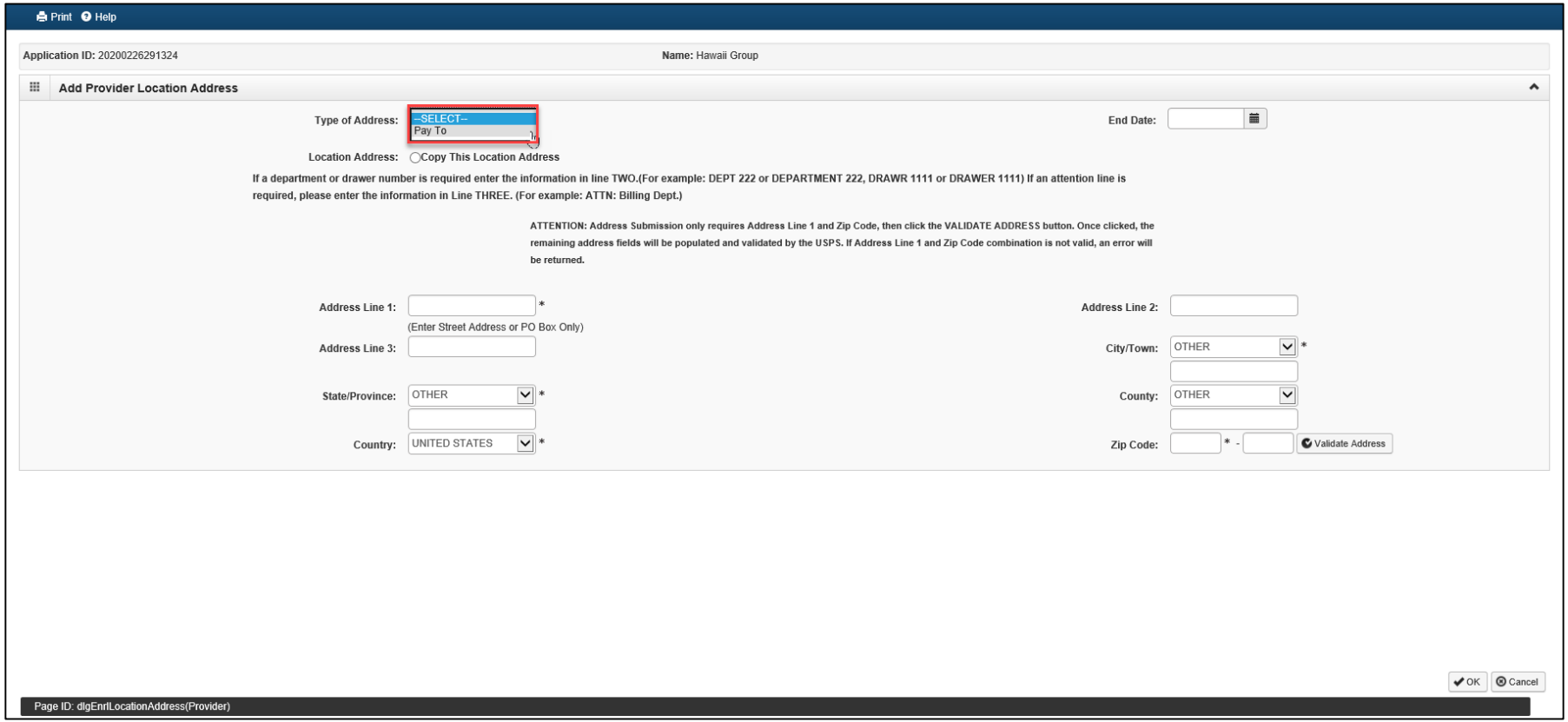
Add Pay To Address



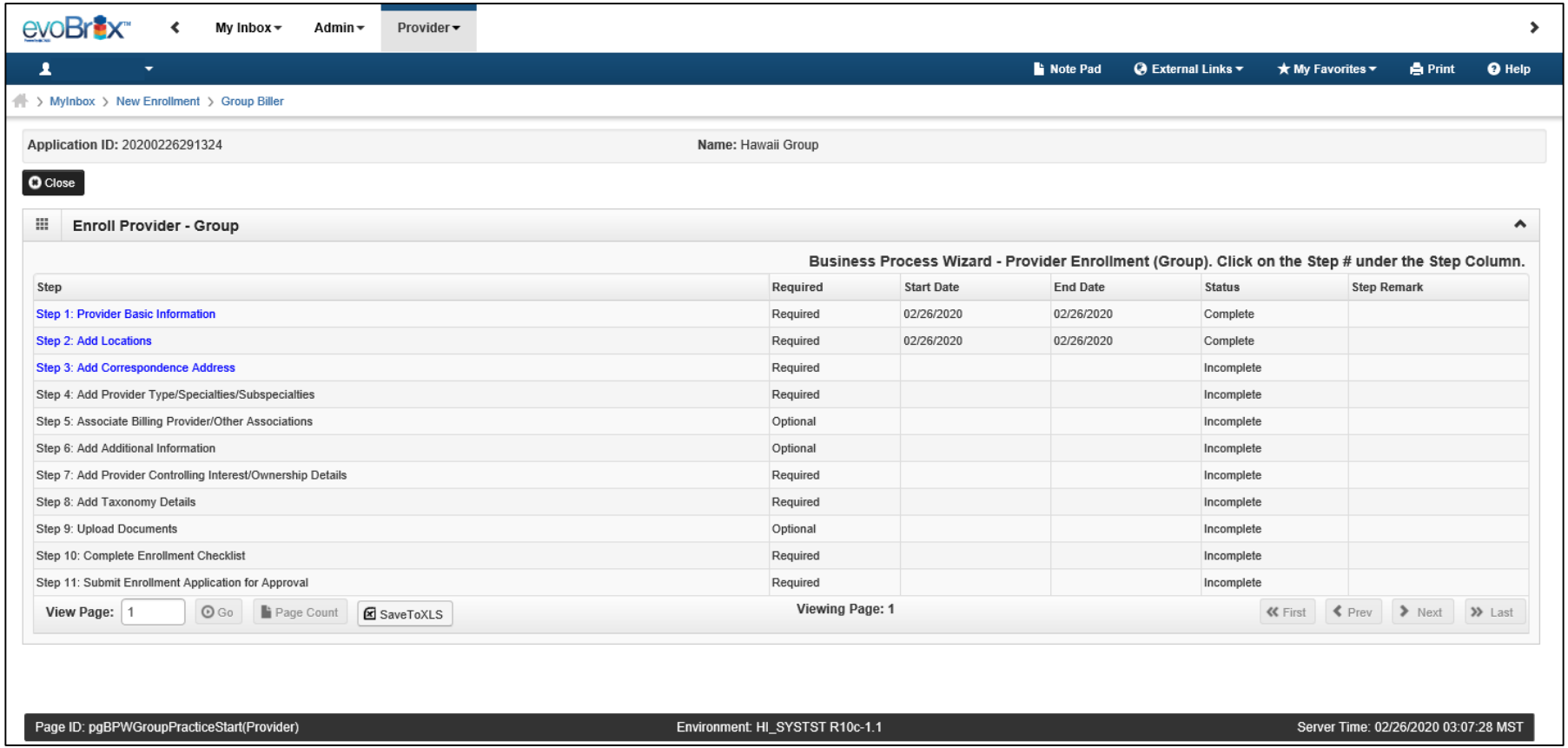
Add Pay To Address



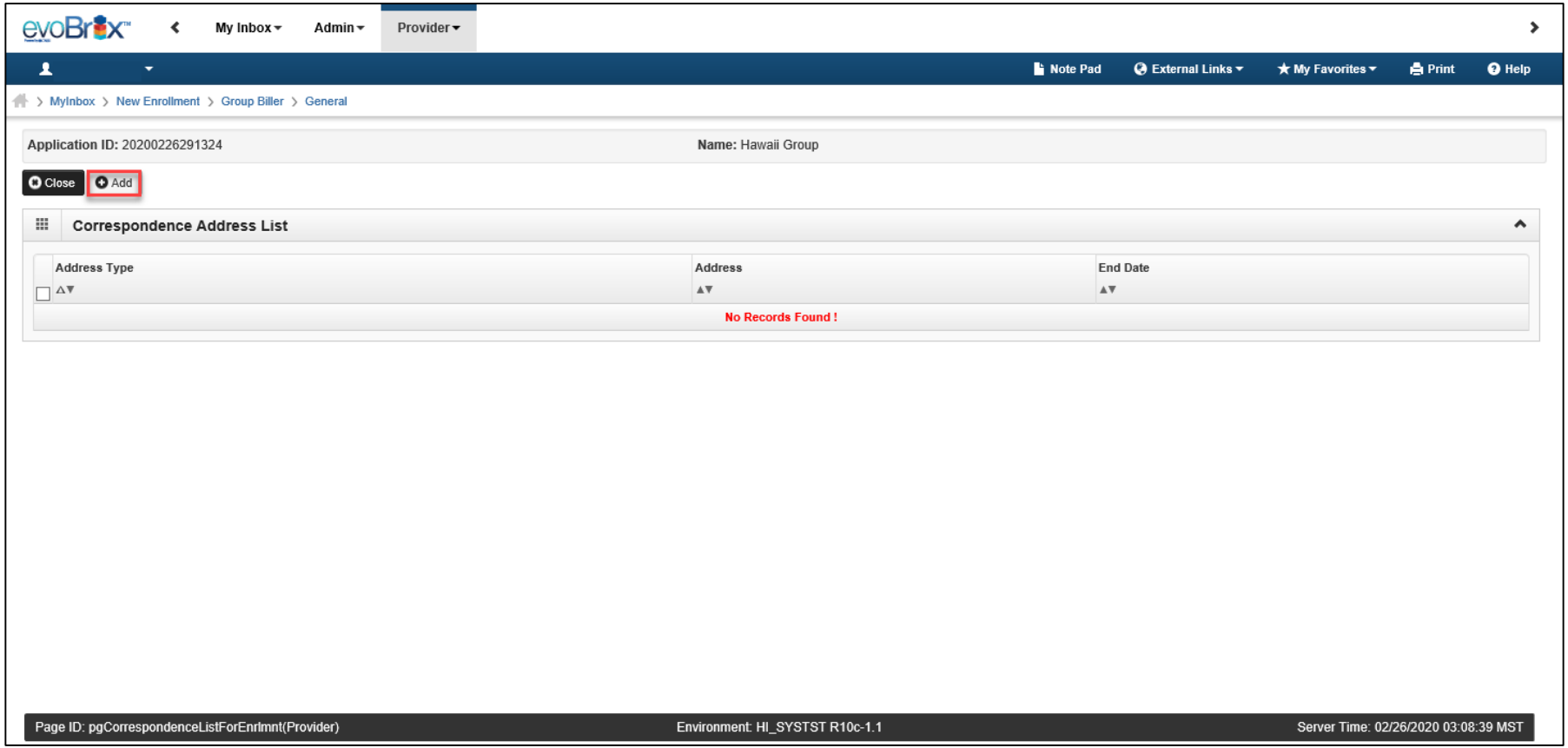
Add Pay To Address



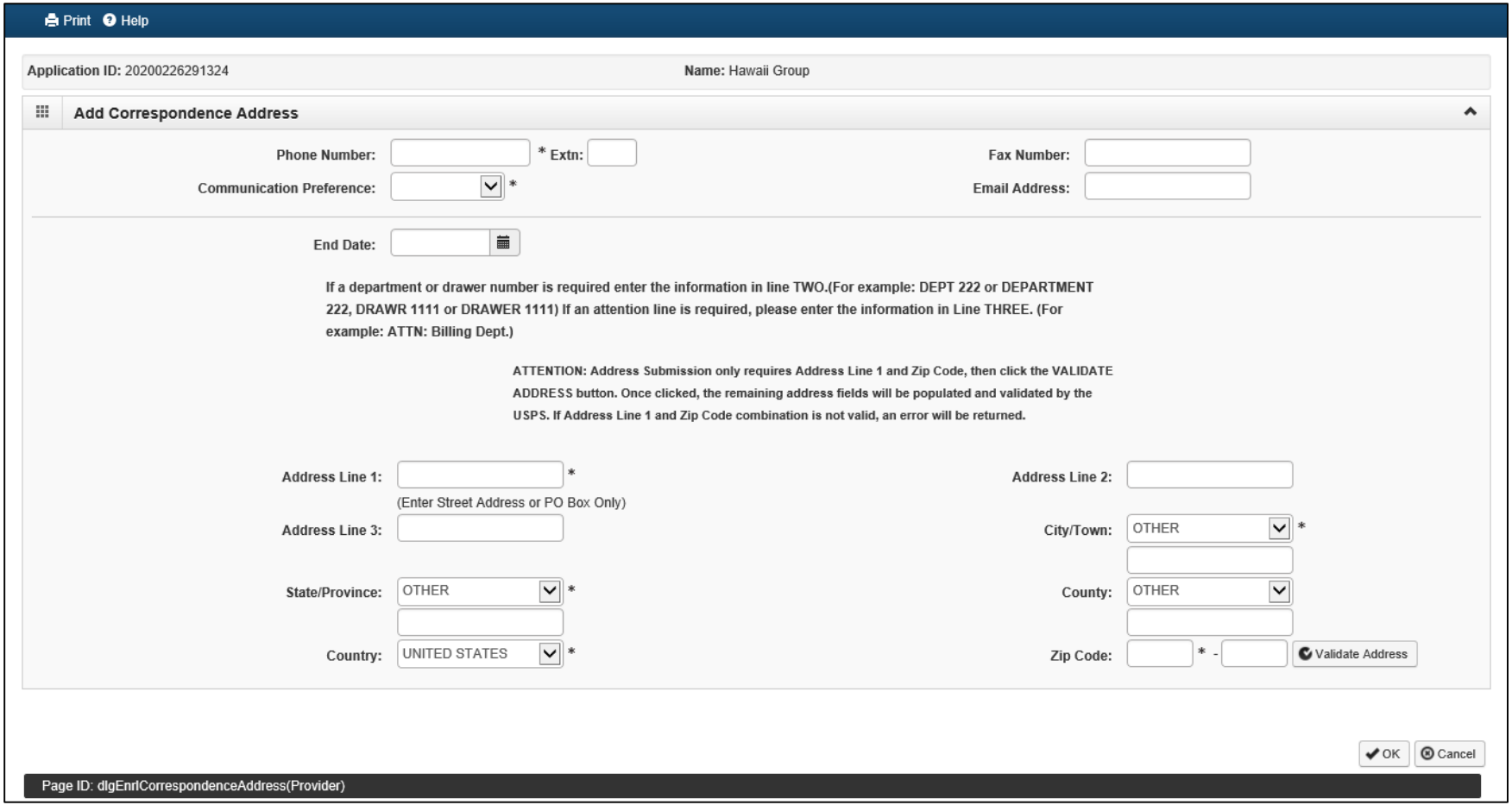
Step 3: Add Correspondence Address



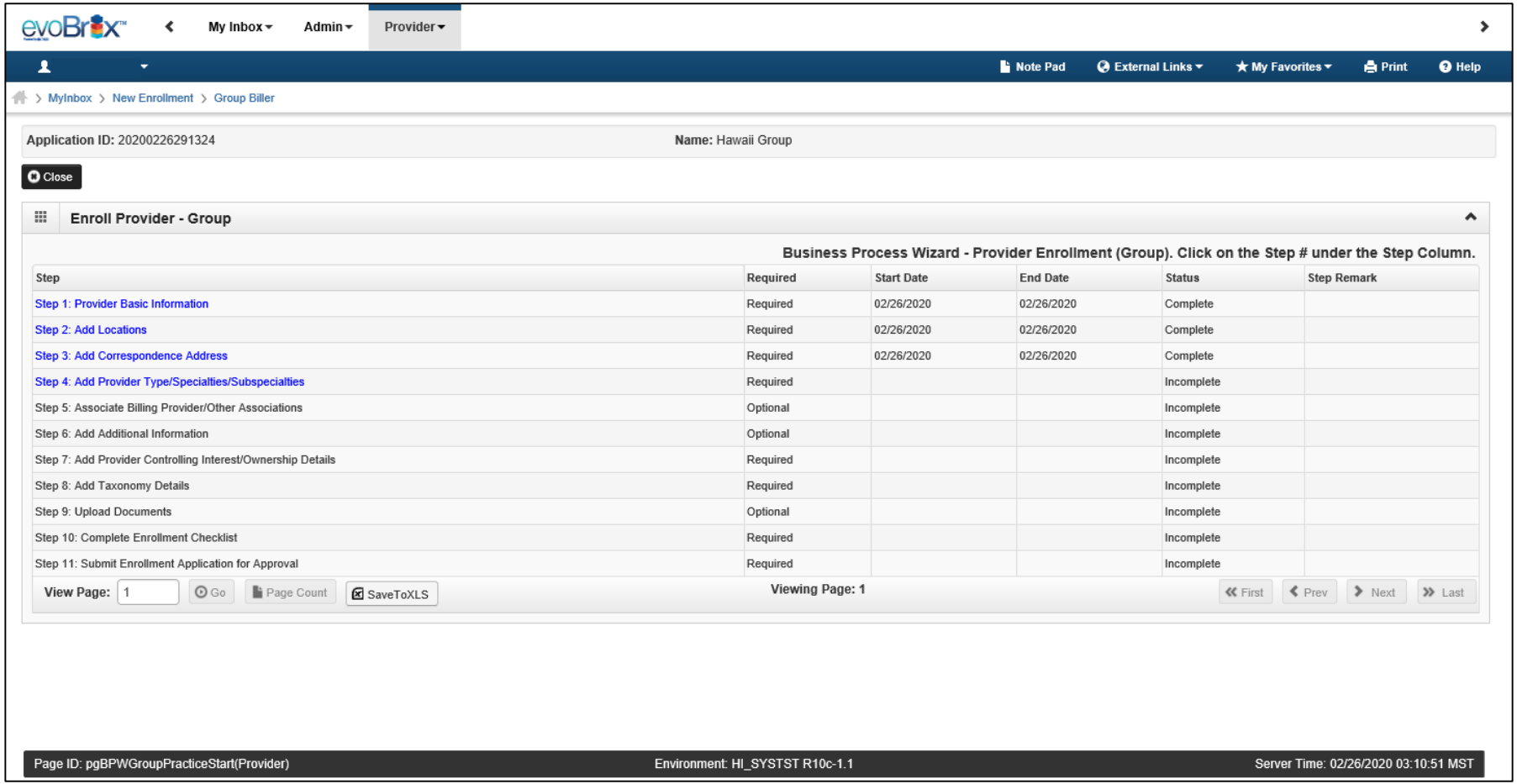
Add Correspondence Address



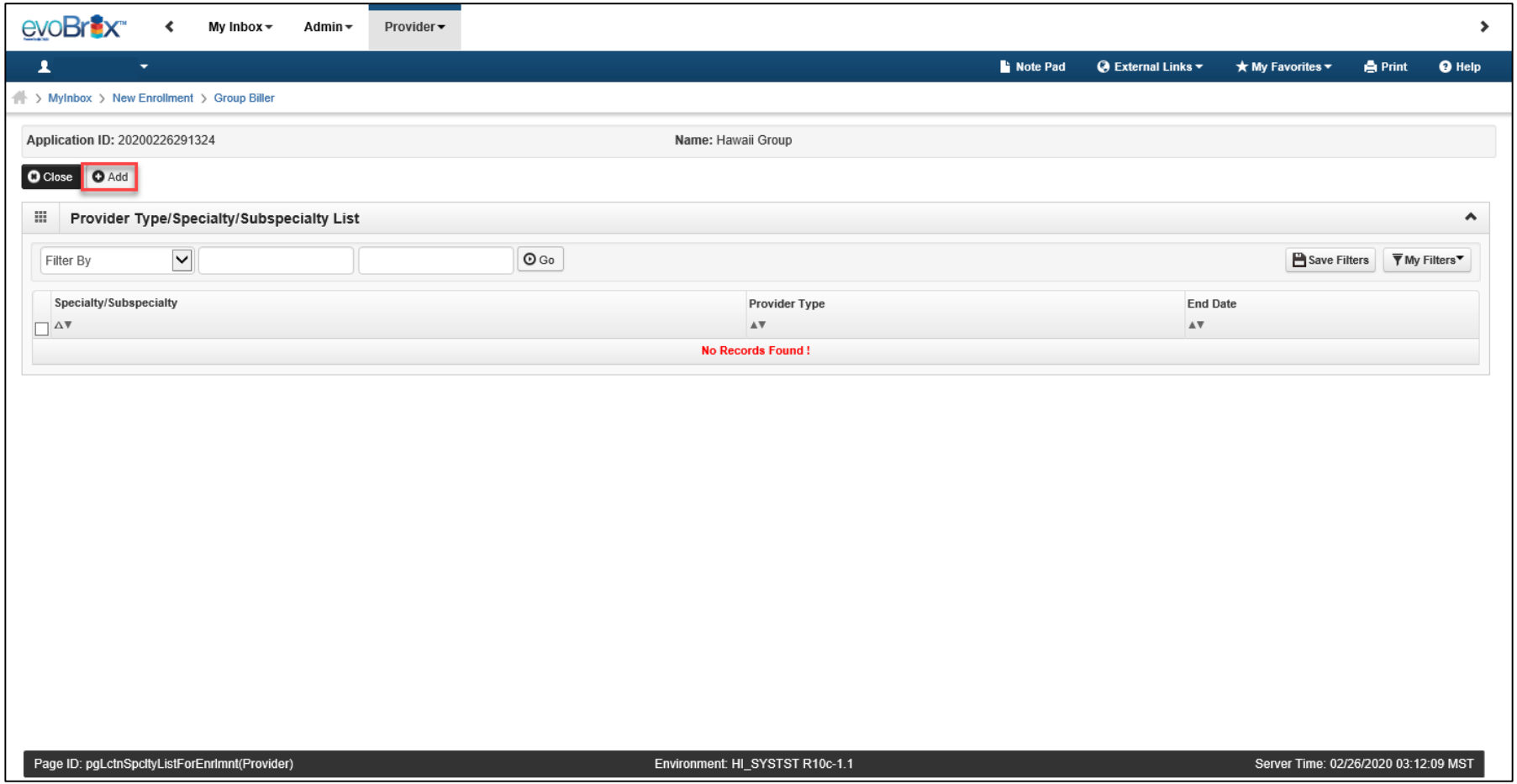
Add Correspondence Address



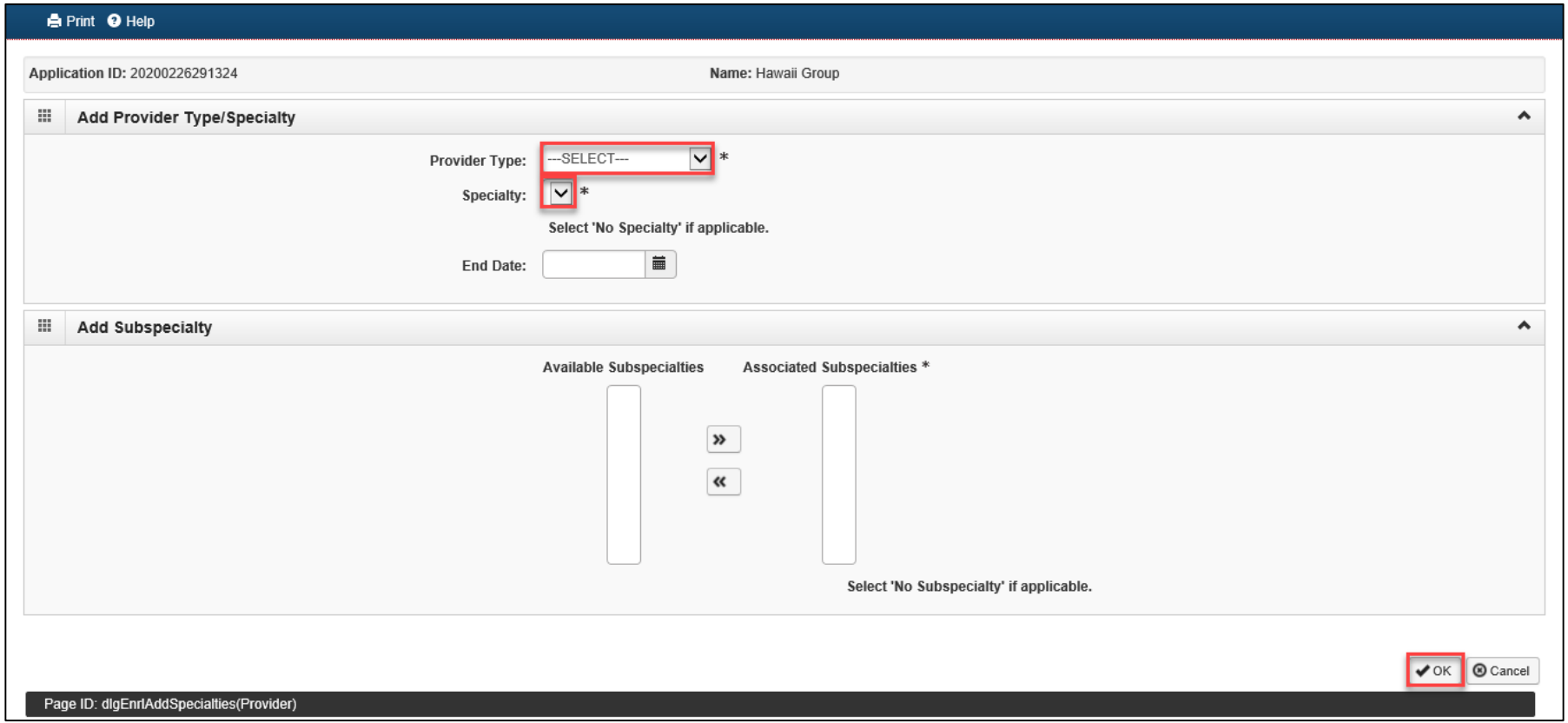
Step 4: Add Provider Type/Specialties/Subspecialties



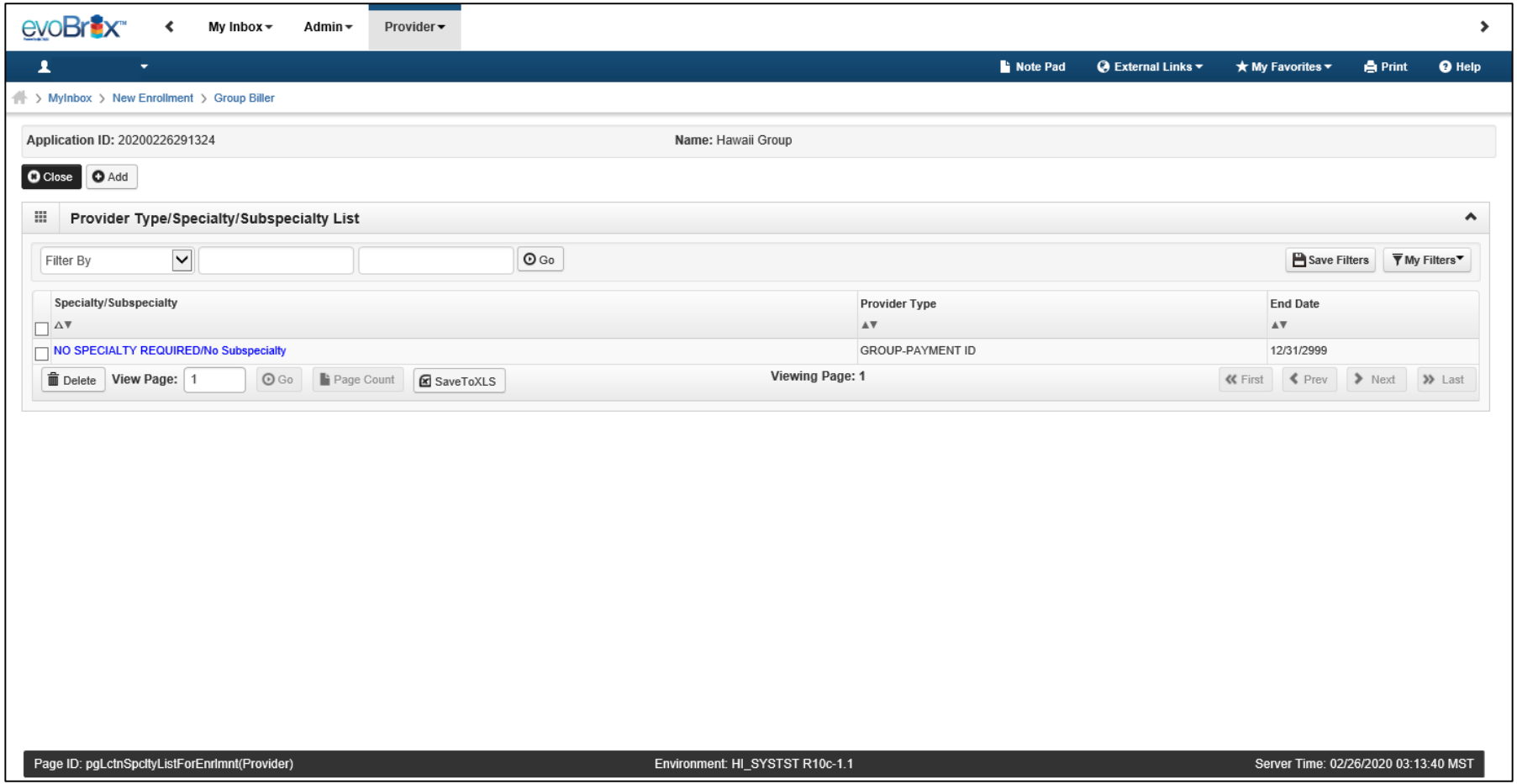
Add Provider Type/Specialties/Subspecialties



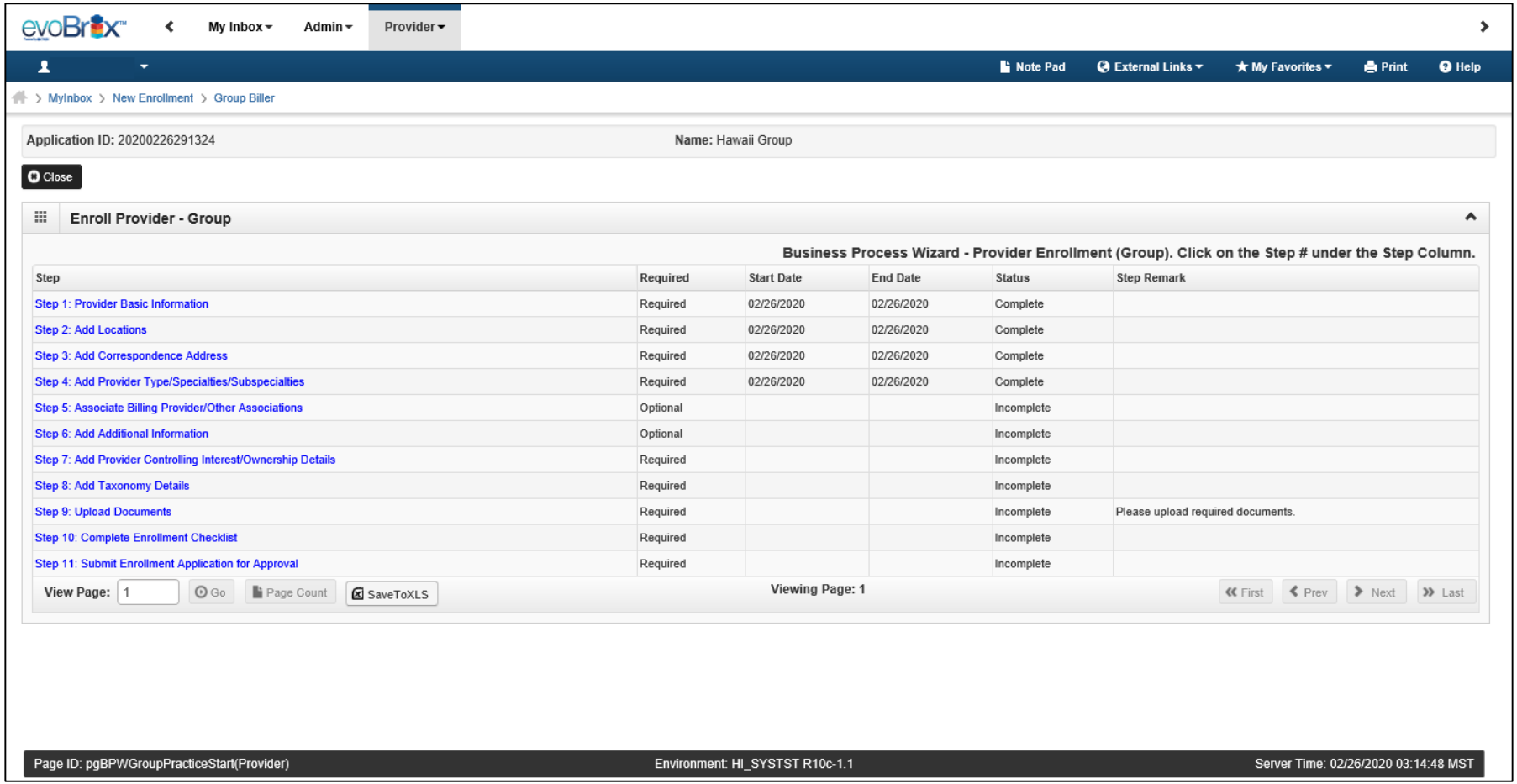
Provider Type/Specialties/Subspecialties



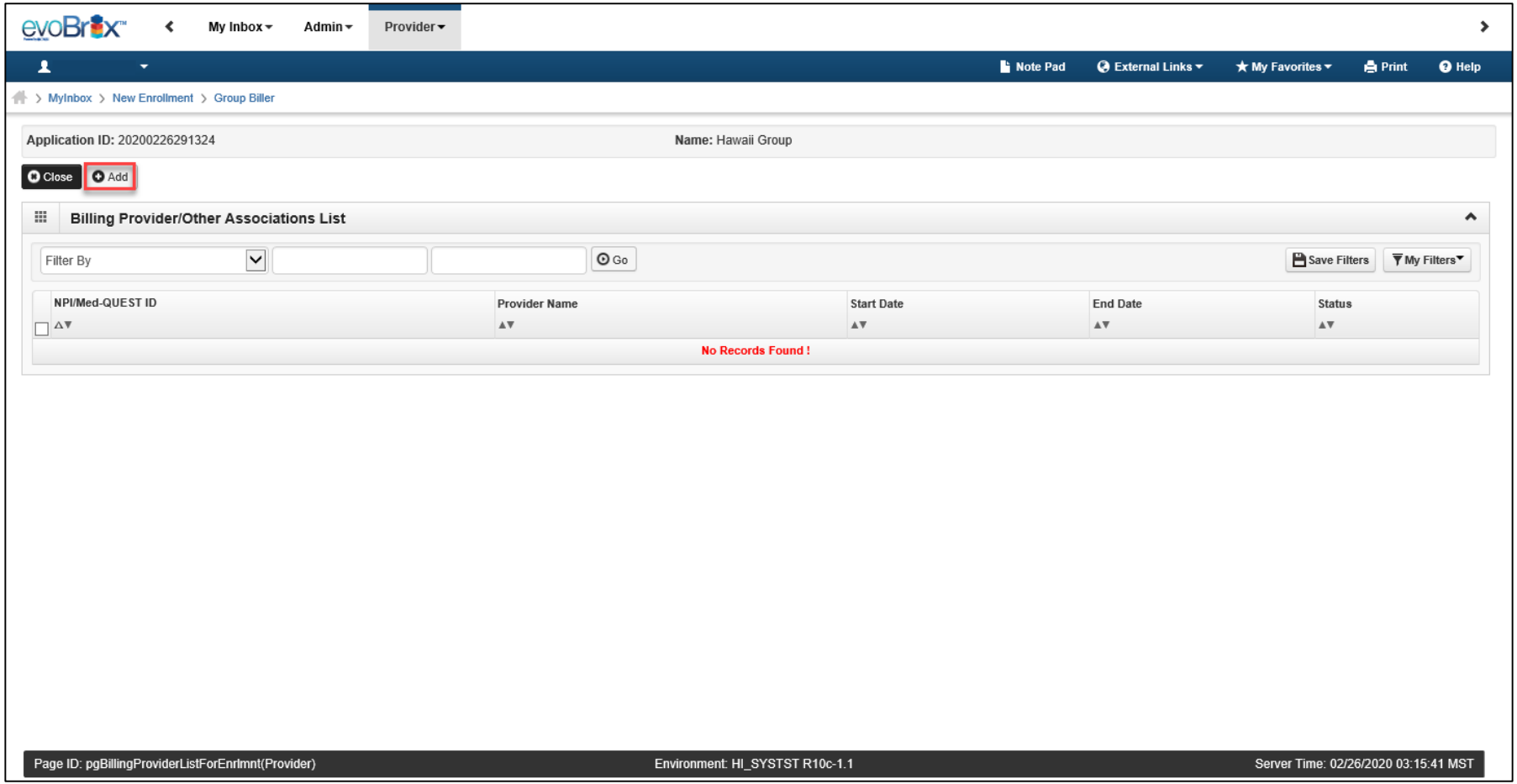
Add Provider Type/Specialties/Subspecialties



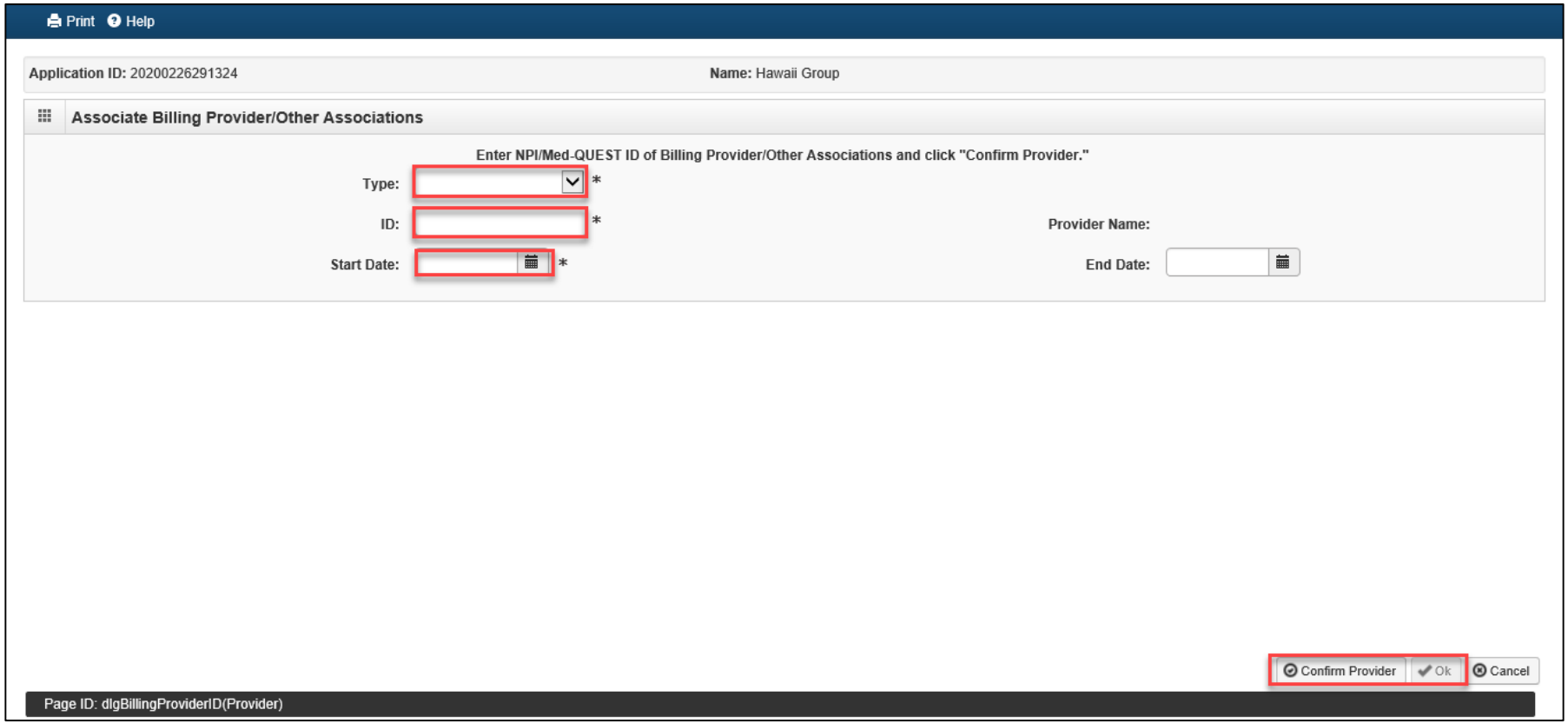
Step 5: Associate Billing Provider



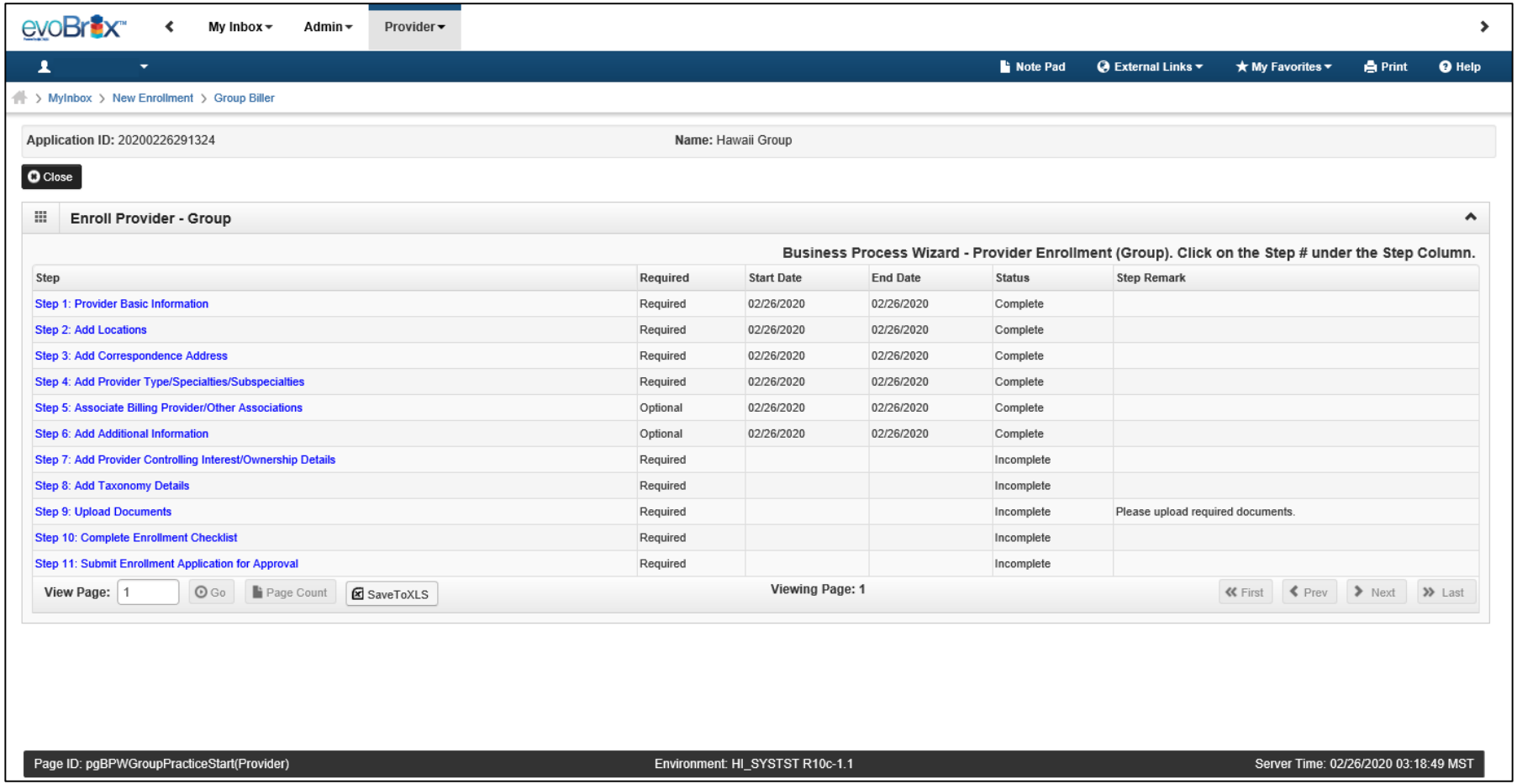
Associate Billing Provider



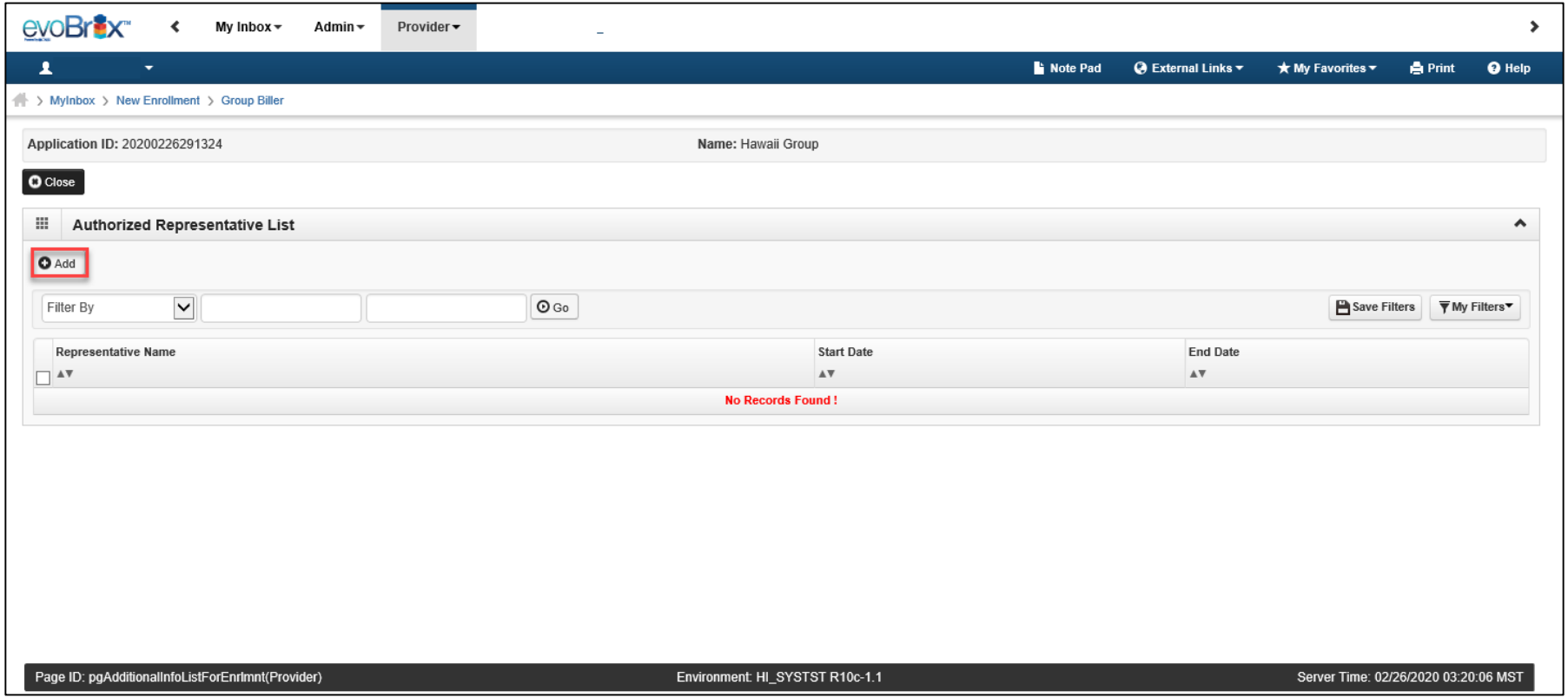
Associate Billing Provider



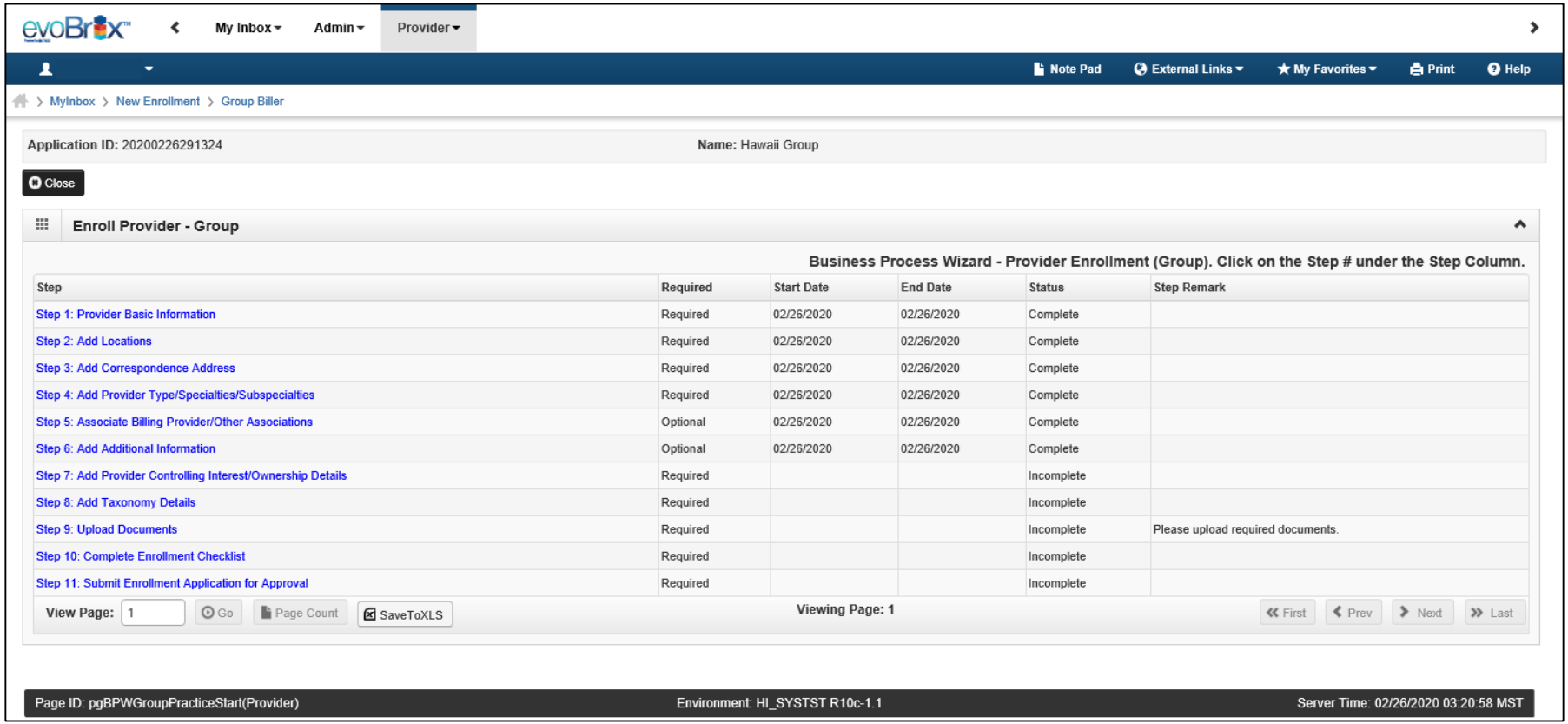
Step 6: Add Additional Information



Add Additional Information

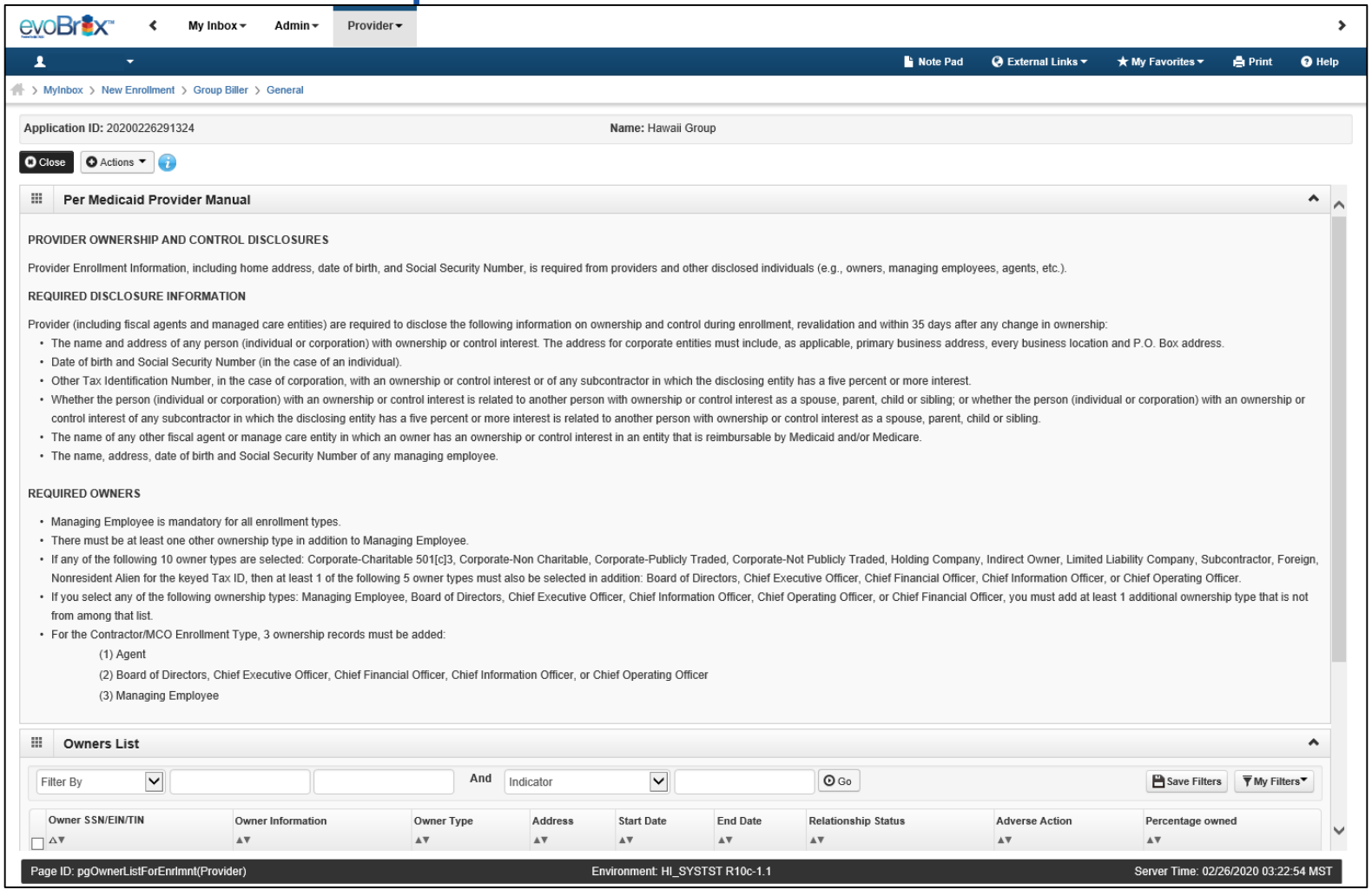


Step 7: Controlling Interest/Ownership Details

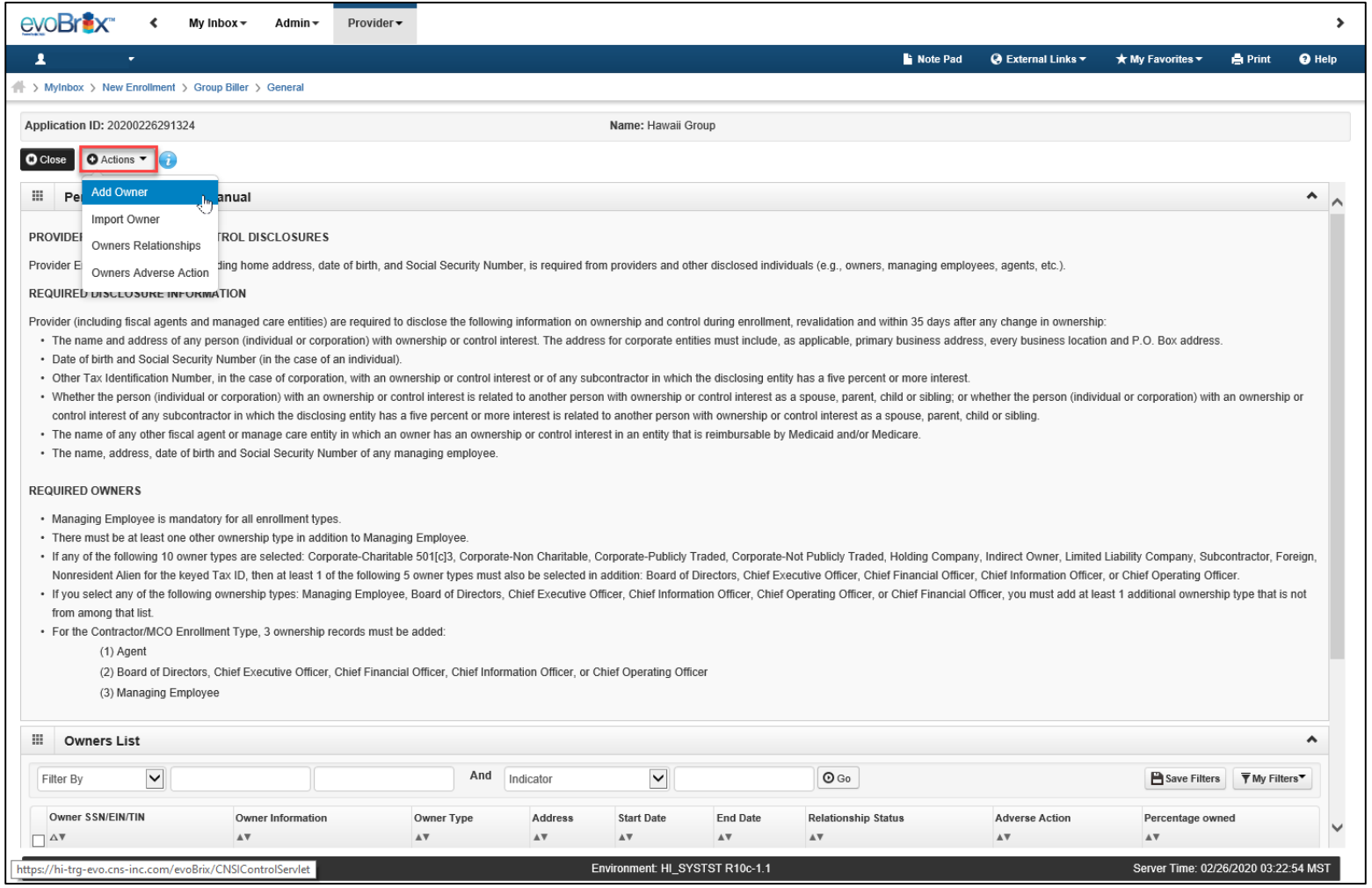


Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/26/2020	02/26/2020	Complete	
Step 2: Add Locations	Required	02/26/2020	02/26/2020	Complete	
Step 3: Add Correspondence Address	Required	02/26/2020	02/26/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	02/26/2020	02/26/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	02/26/2020	02/26/2020	Complete	
Step 6: Add Additional Information	Optional	02/26/2020	02/26/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

Ownership and Disclosure Information



Add Owner



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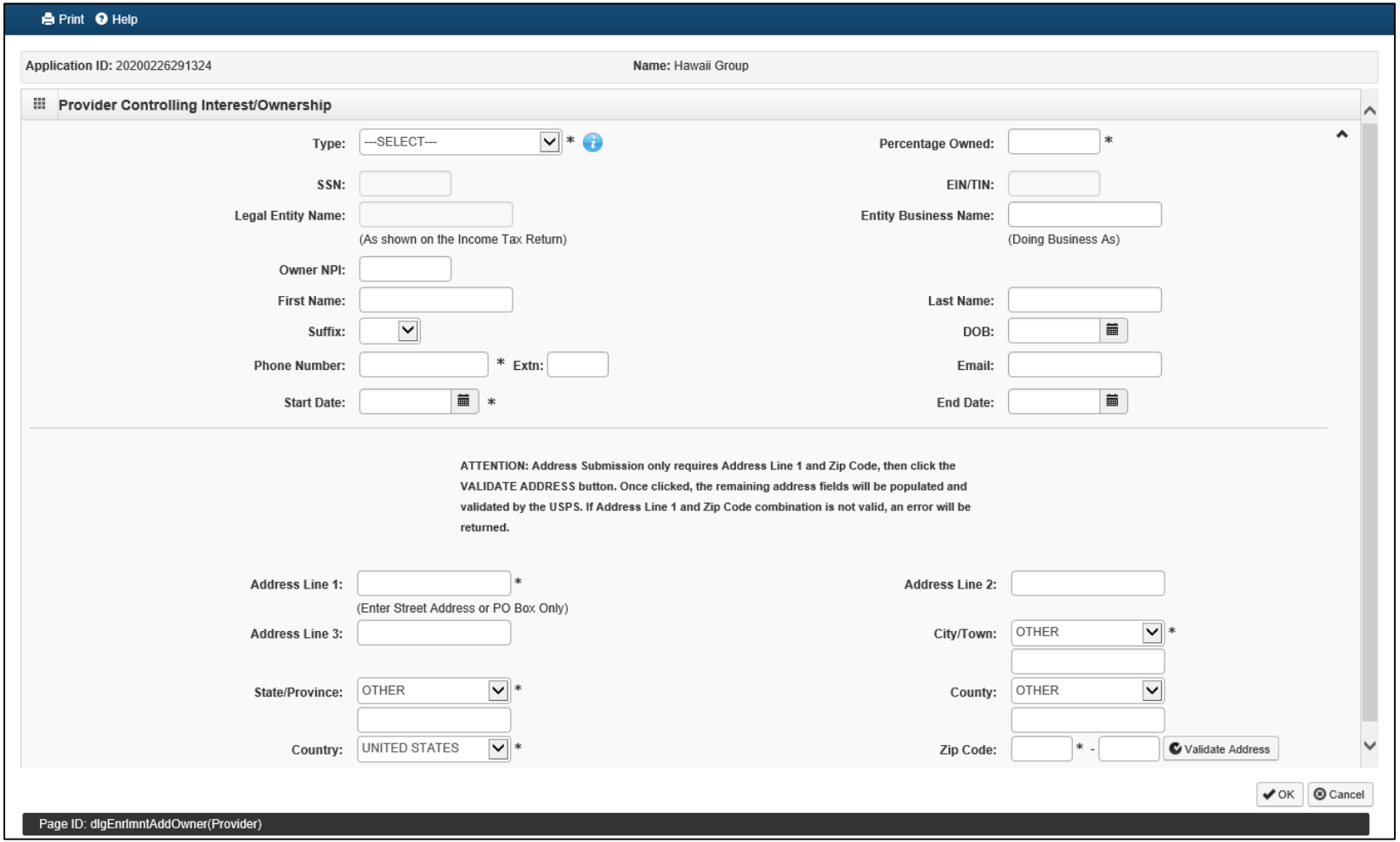
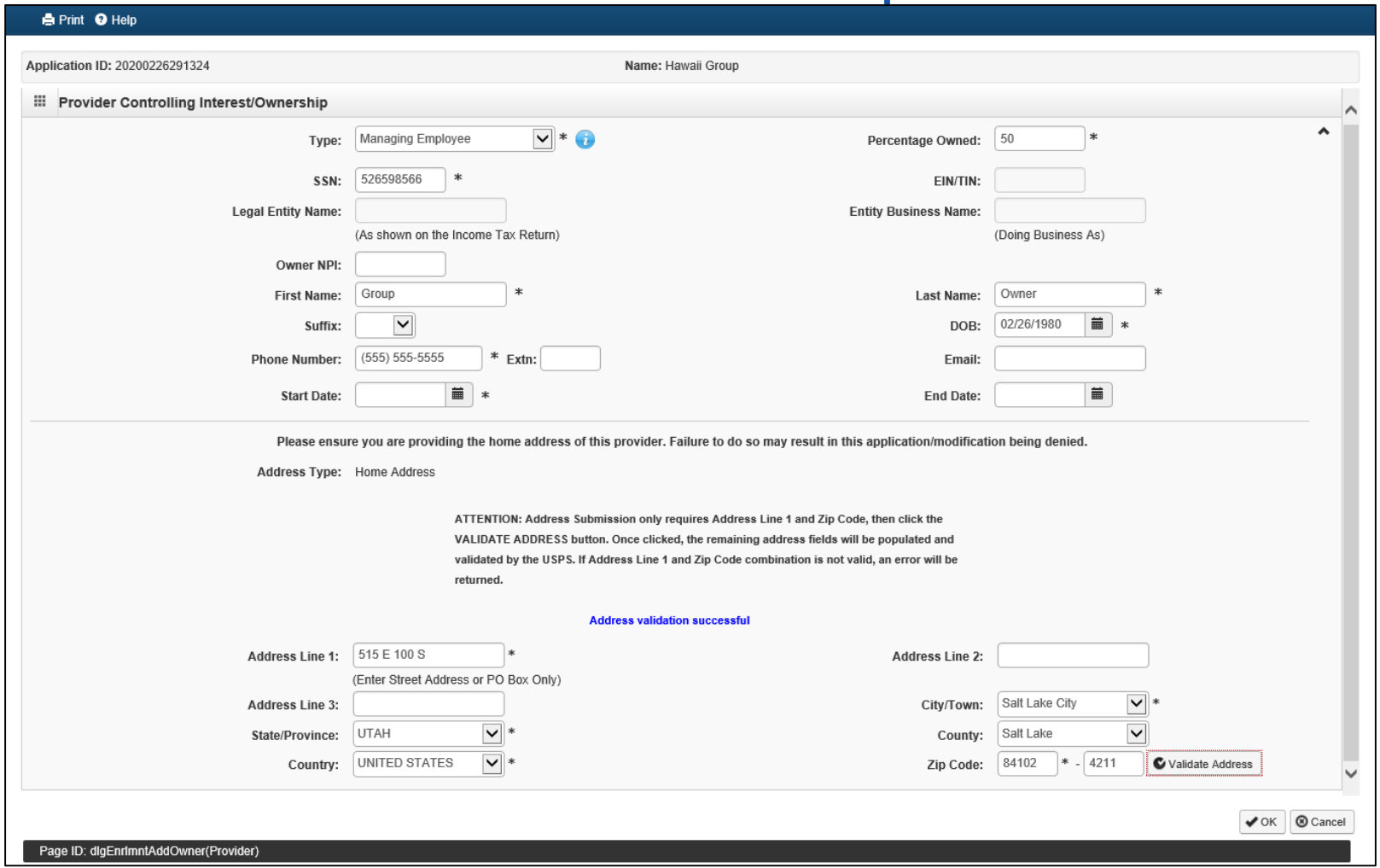
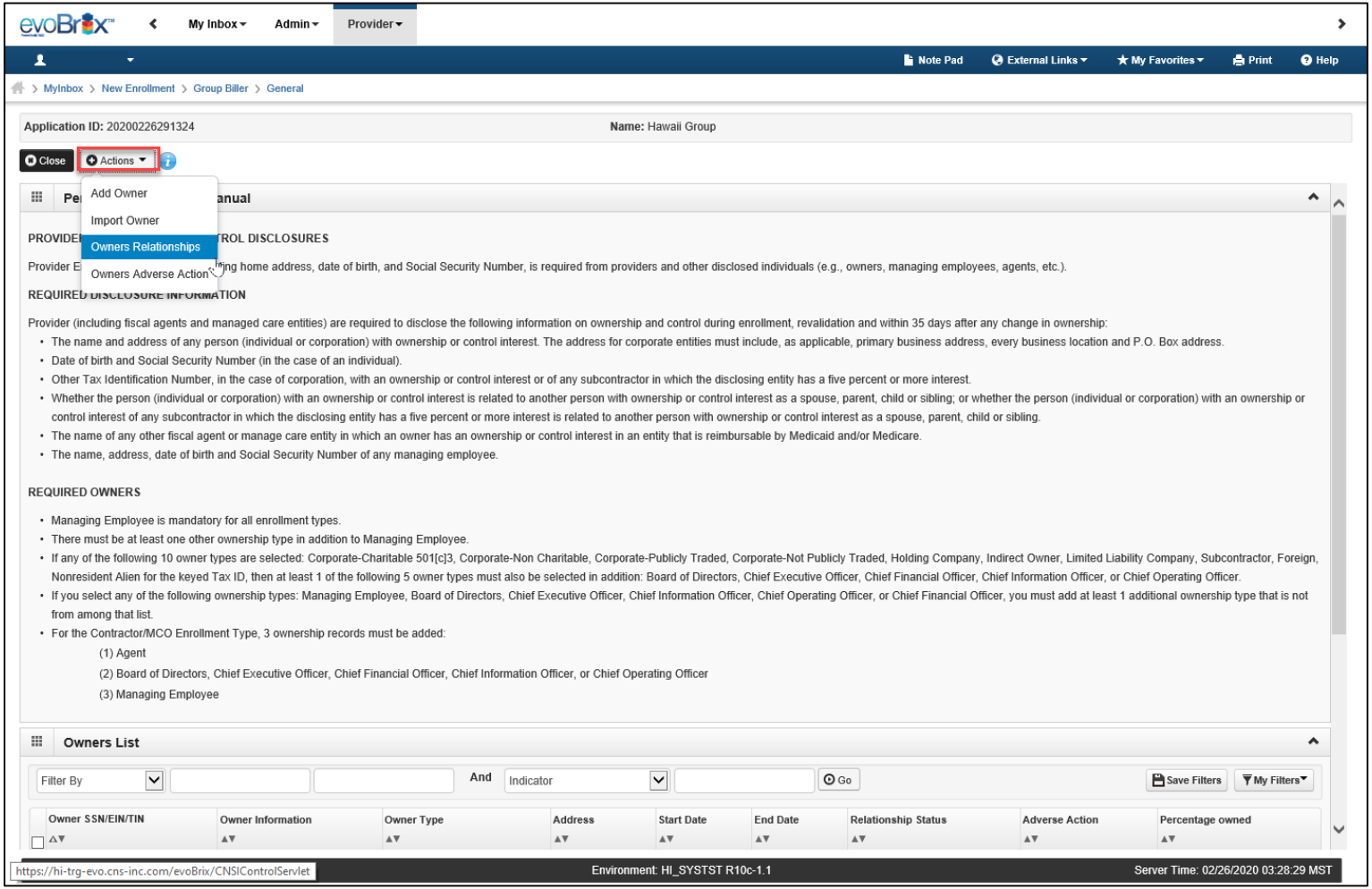


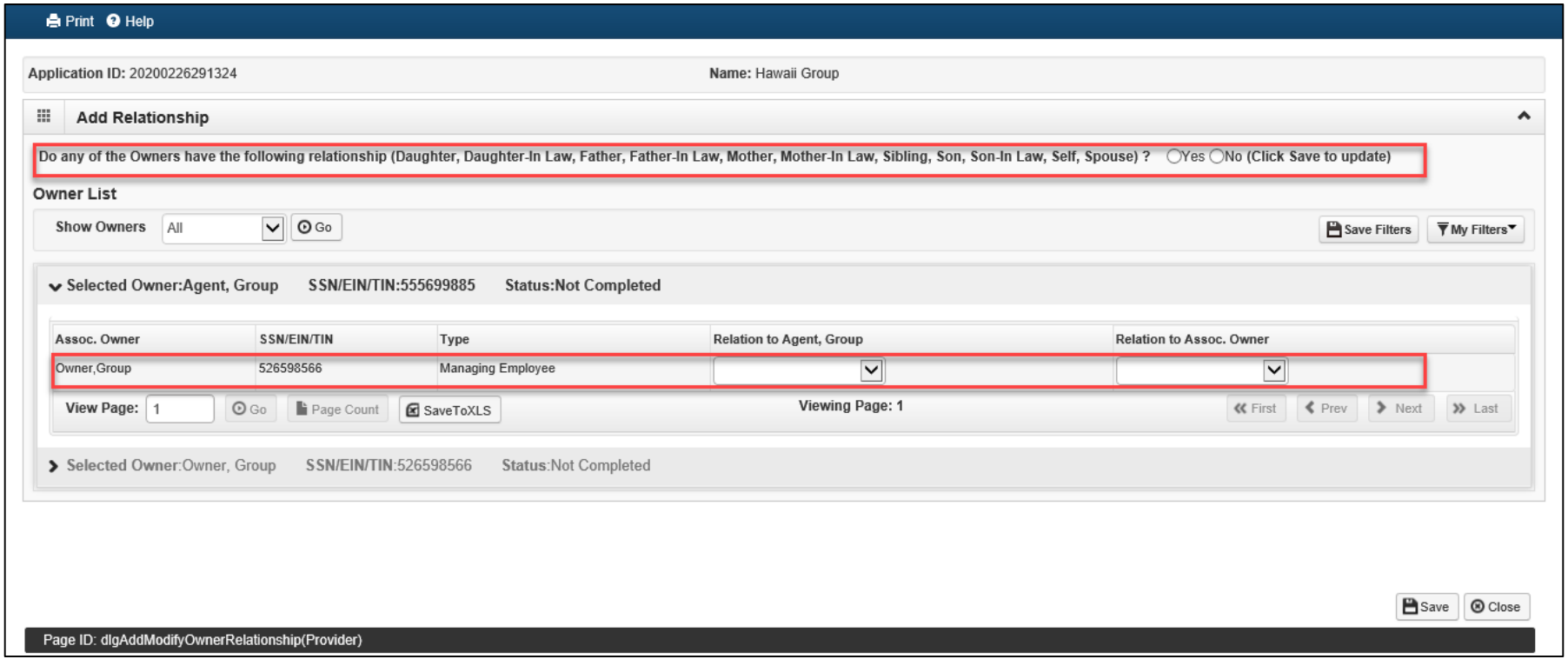
Add Ownership



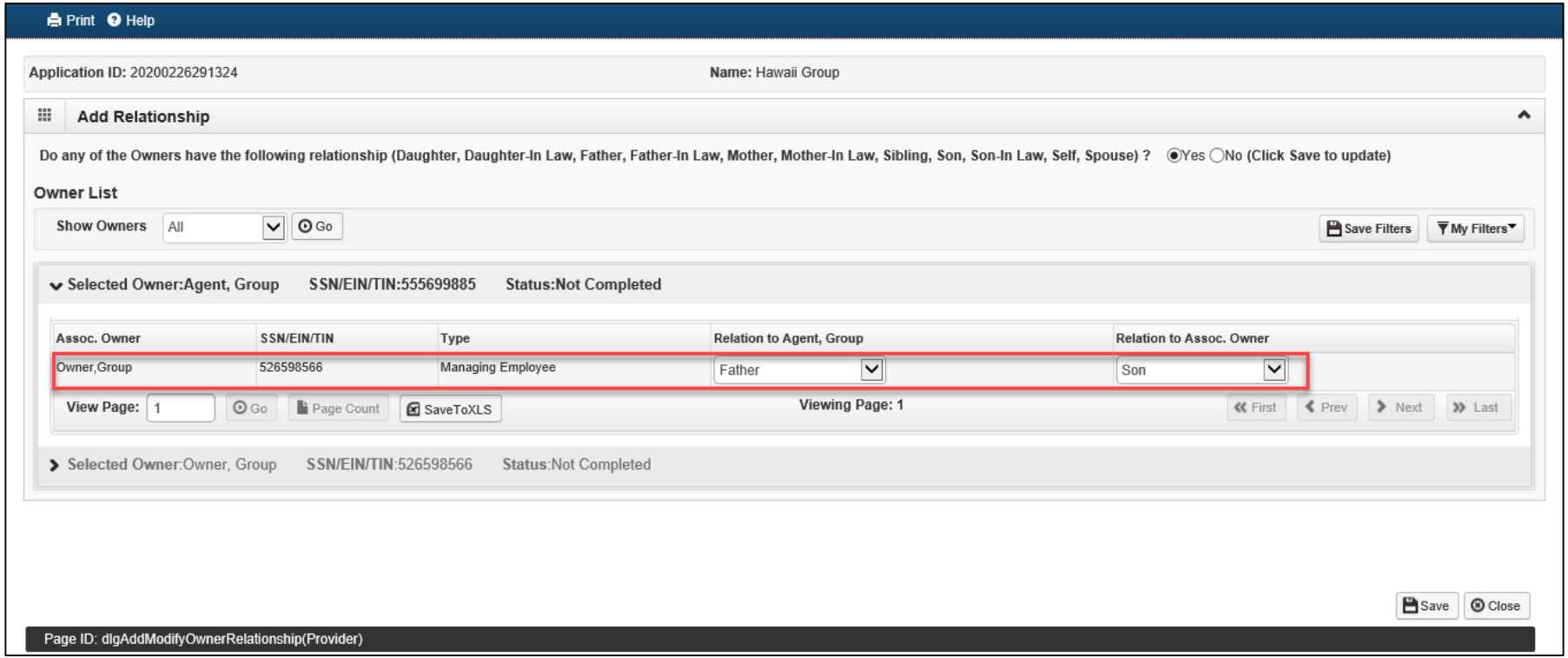
Add Owners Relationship



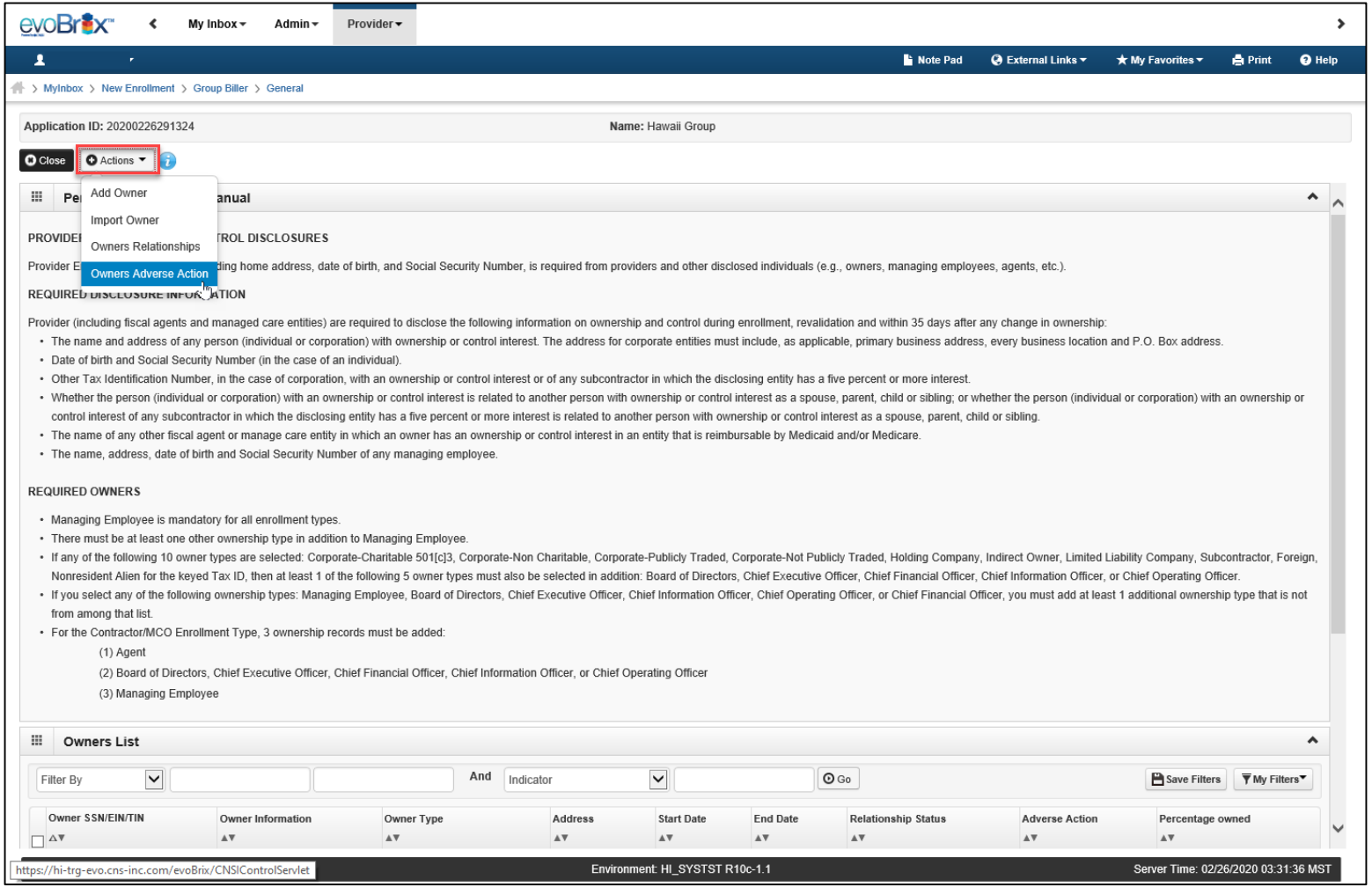
Add Owners Relationship



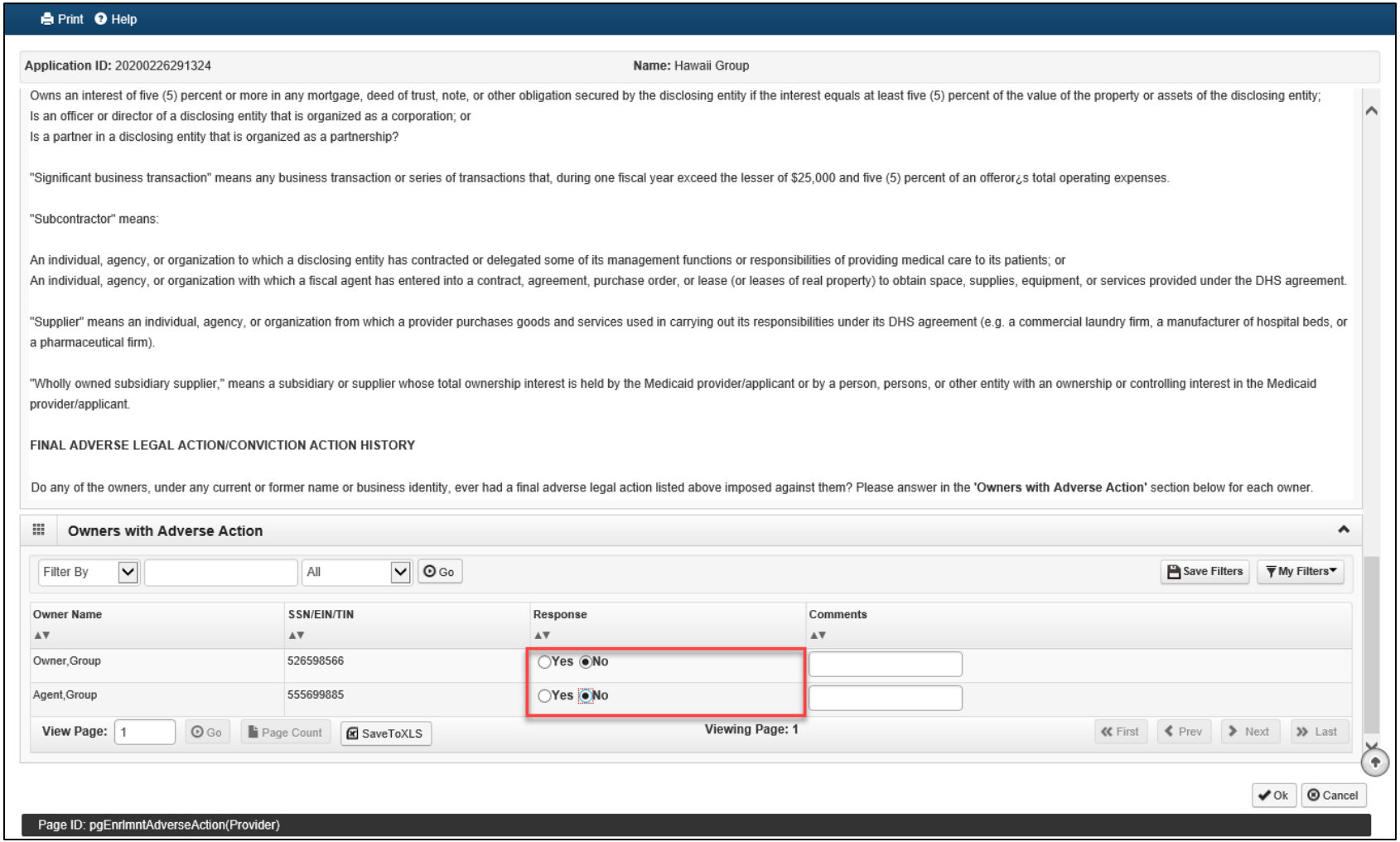
Add Owners Relationship



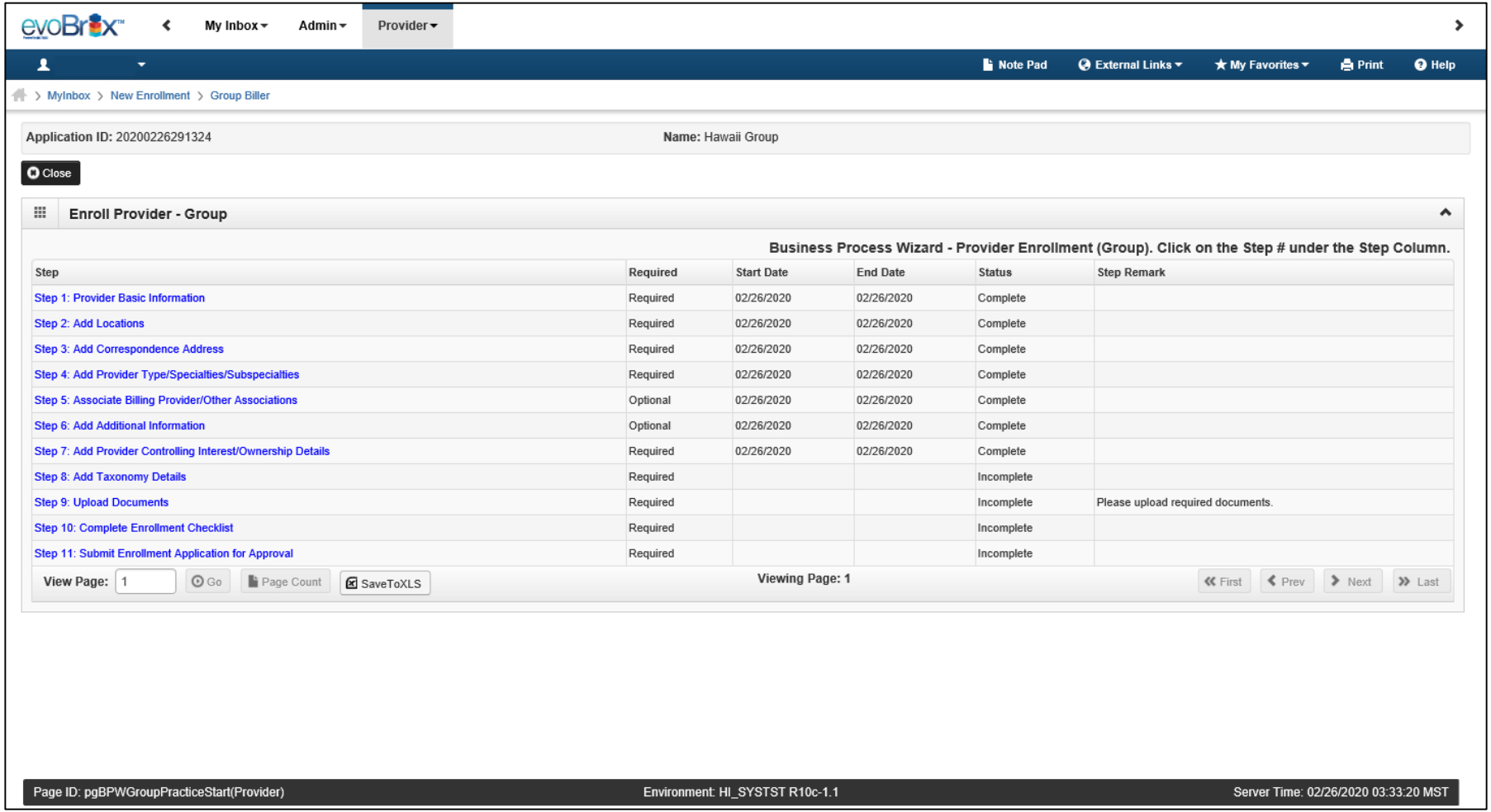
Complete Adverse Actions



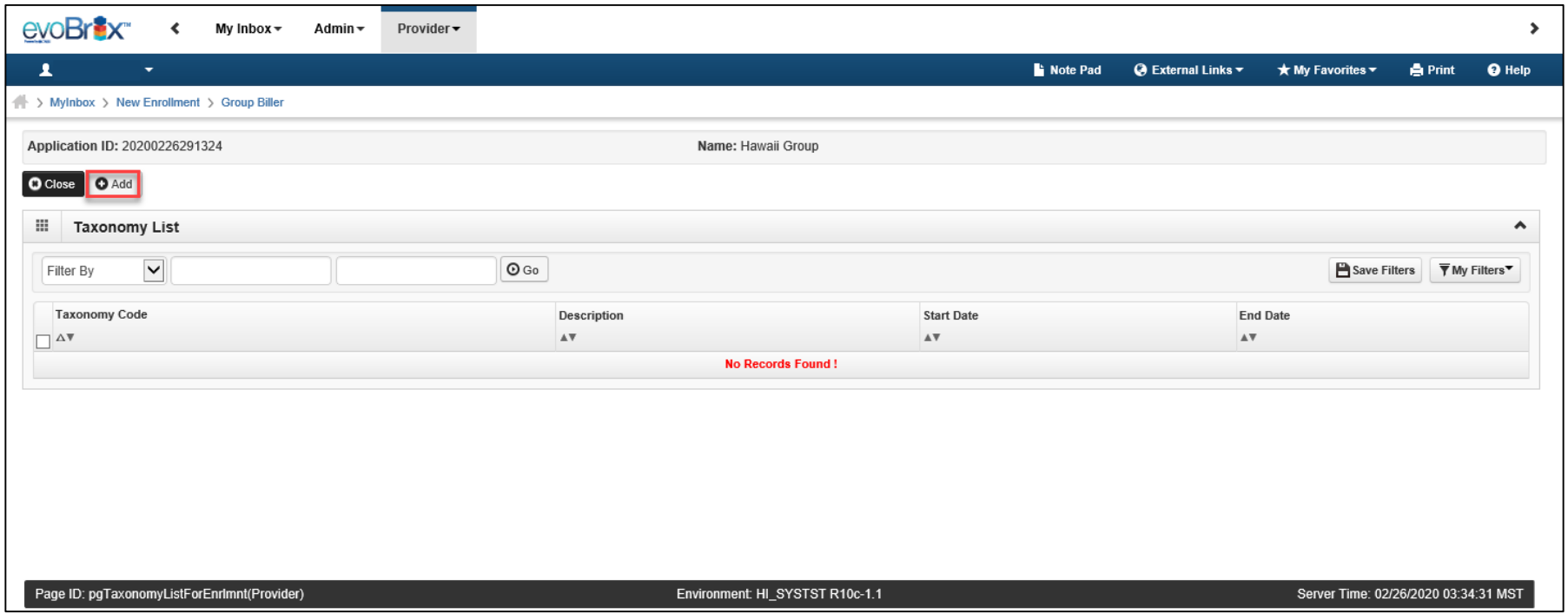
Disclose Adverse Actions



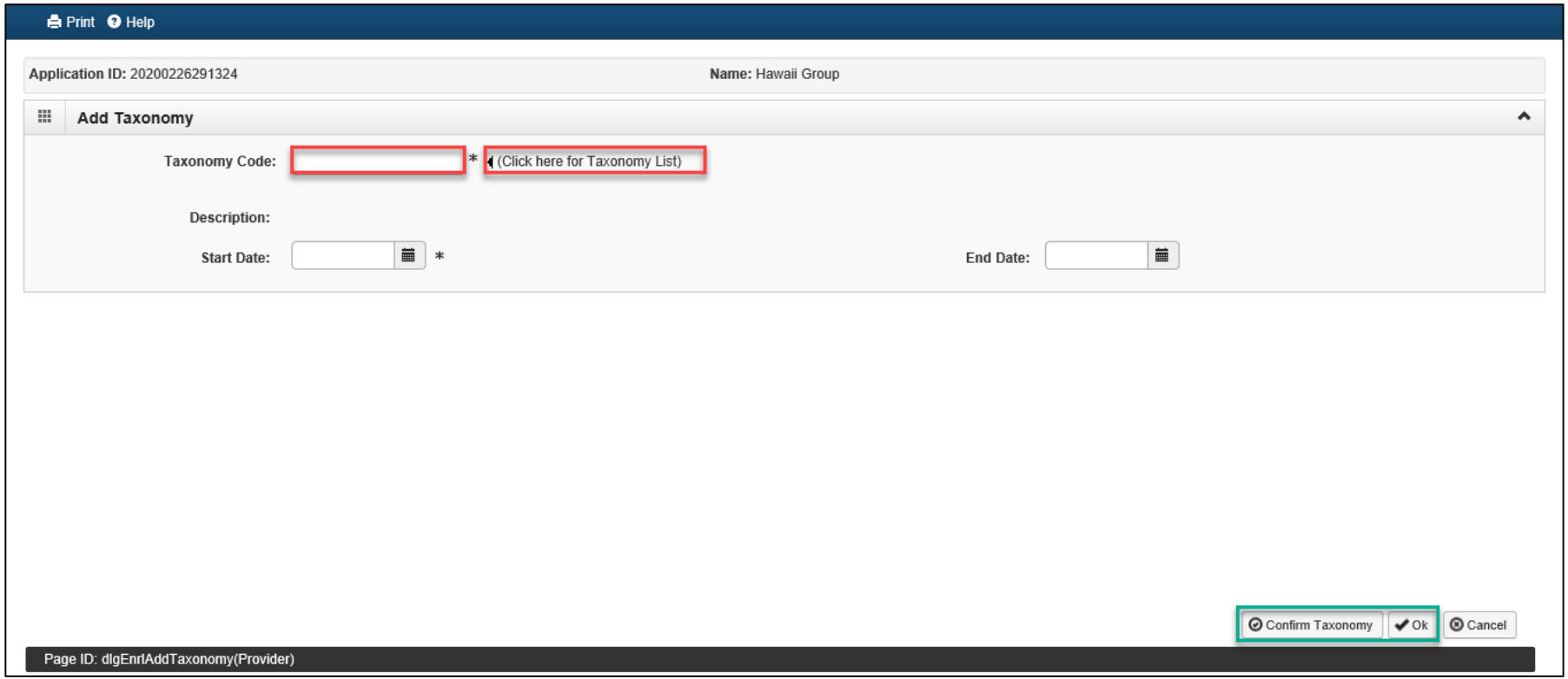
Step 8: Taxonomy Details



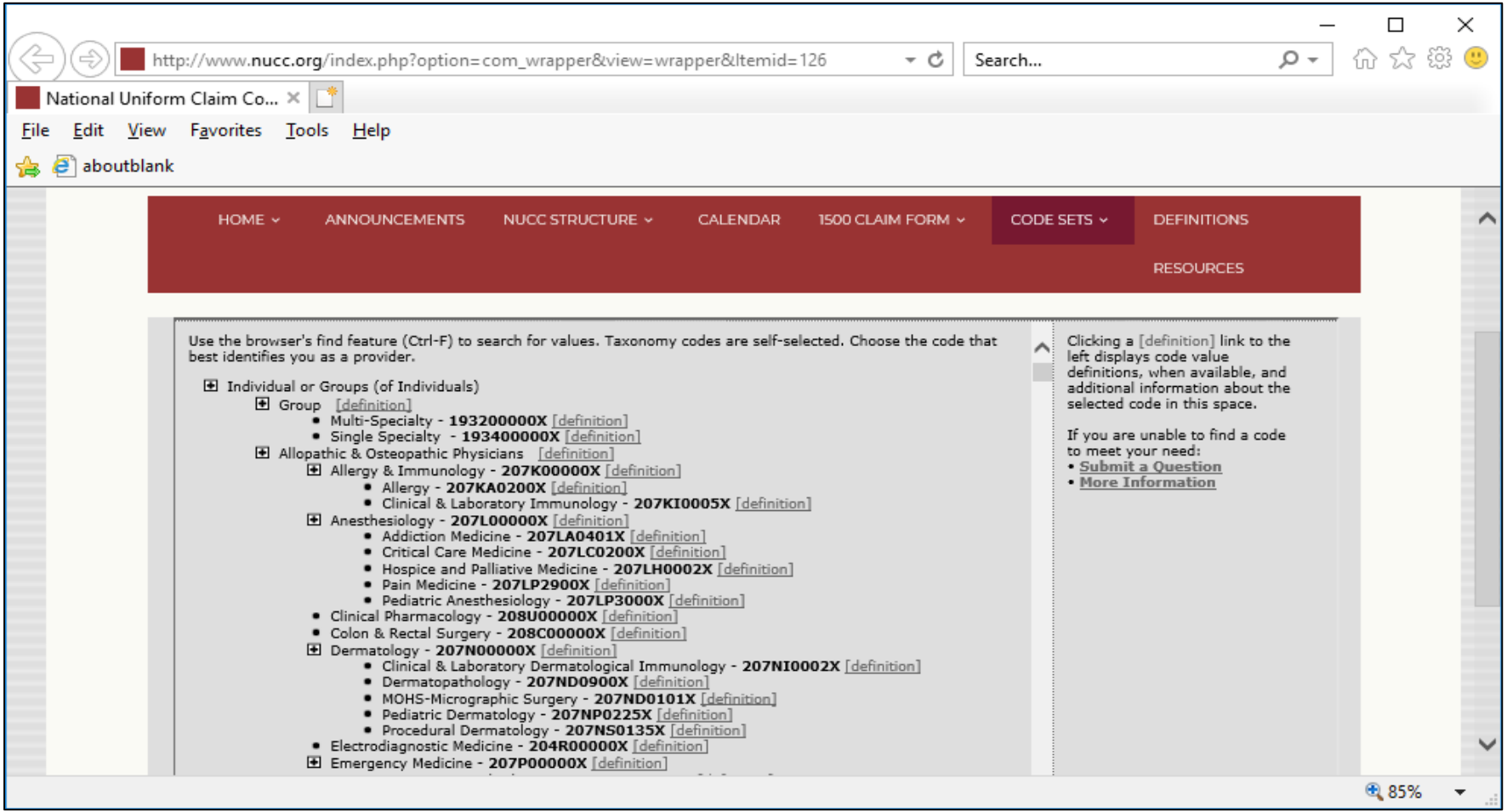
Taxonomy Details



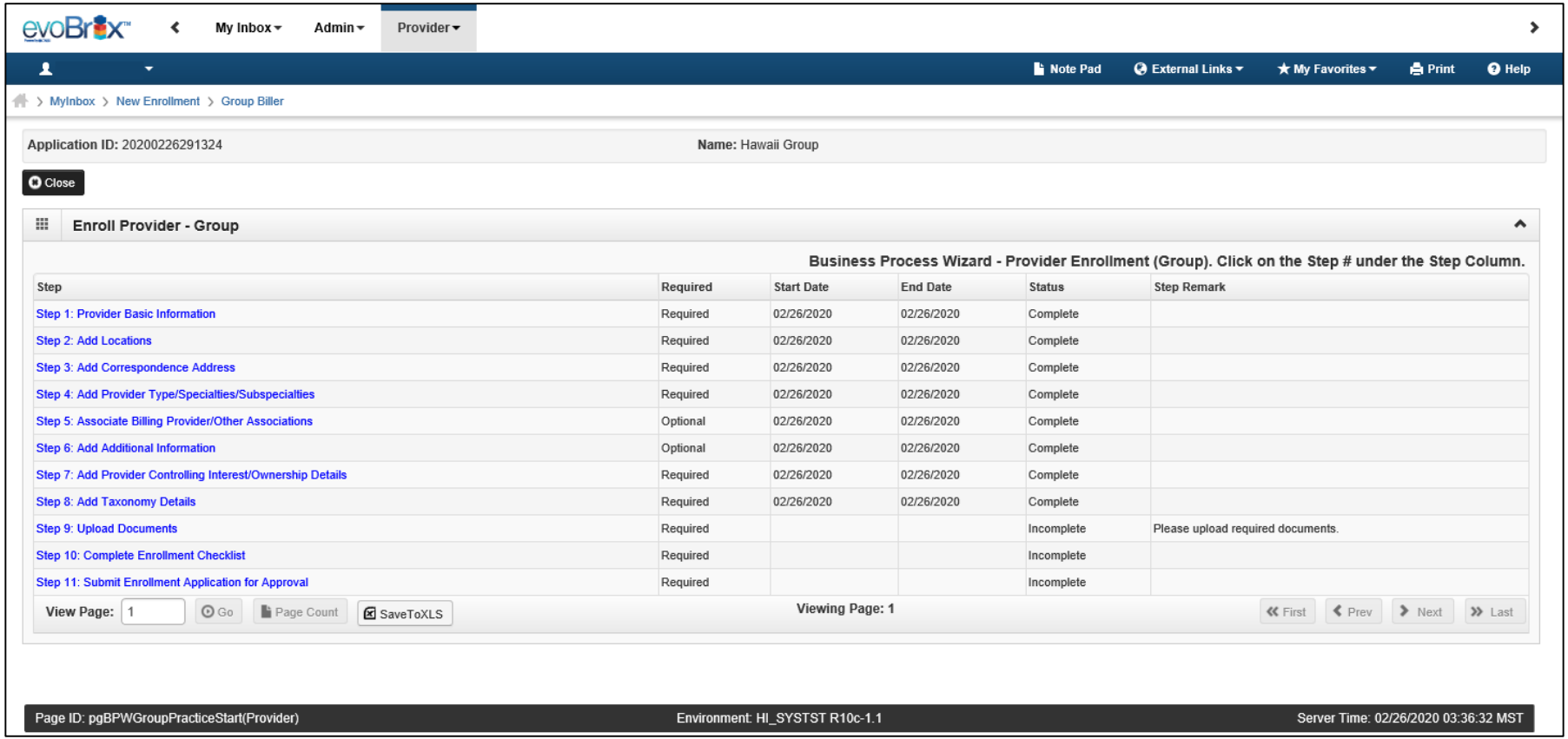
Add Taxonomy



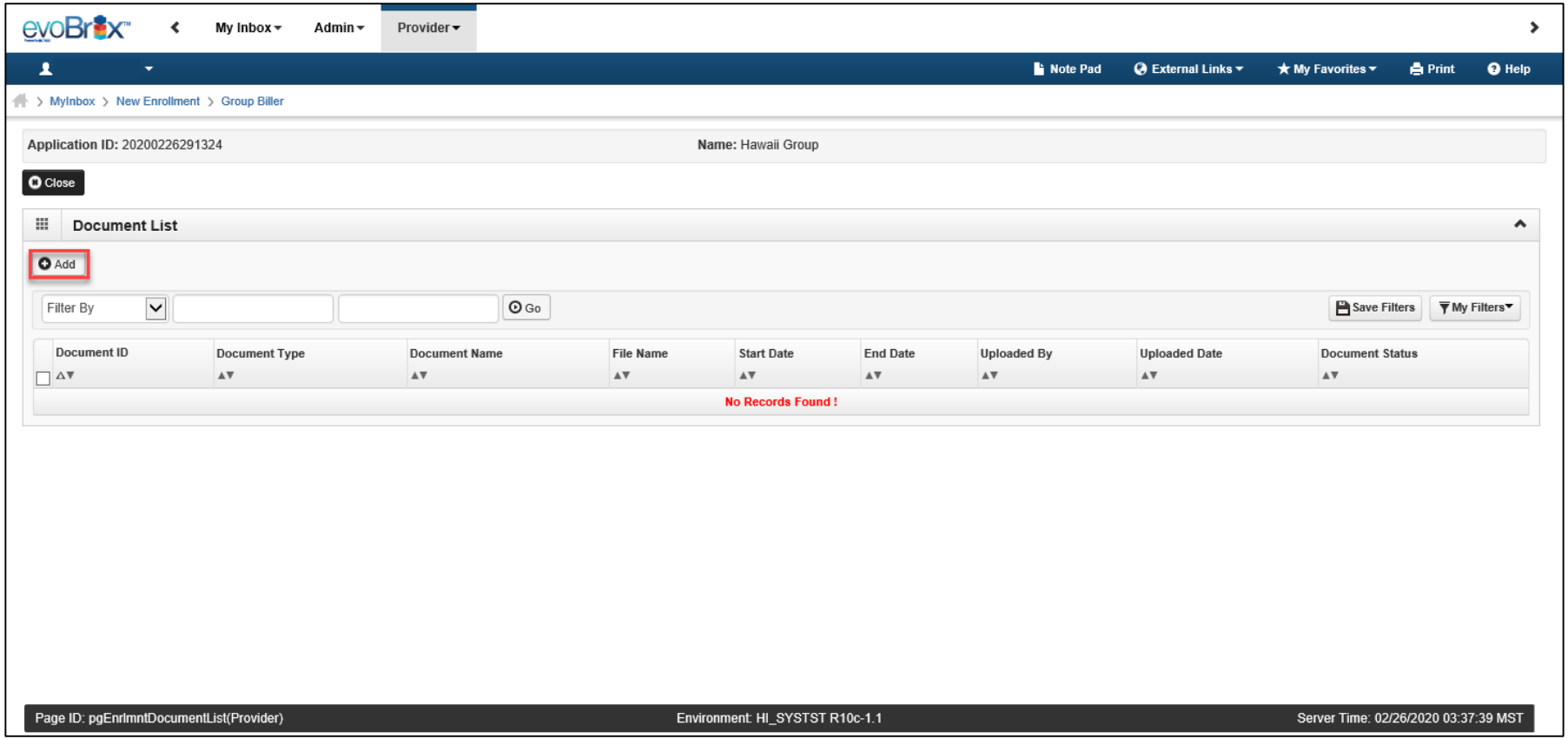
NUCC Taxonomy Code List



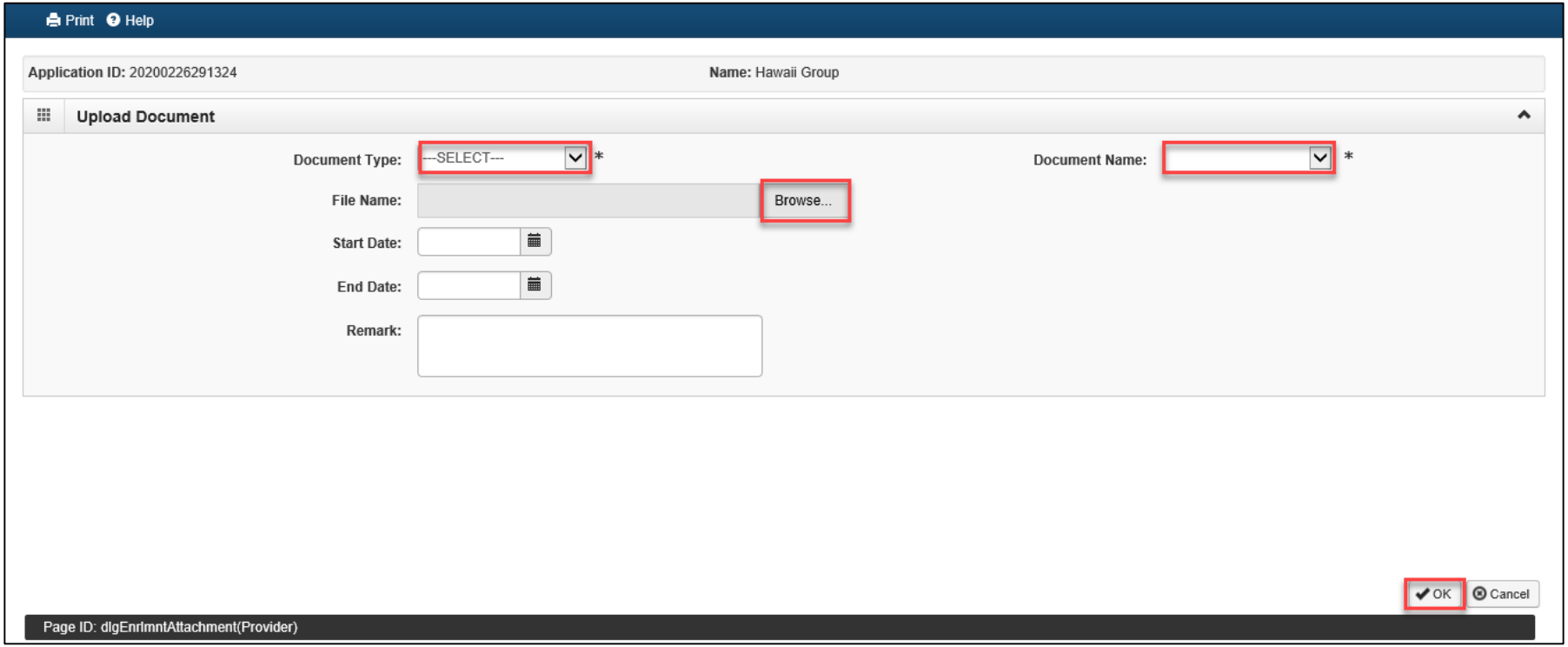
Step 9: Upload Documents



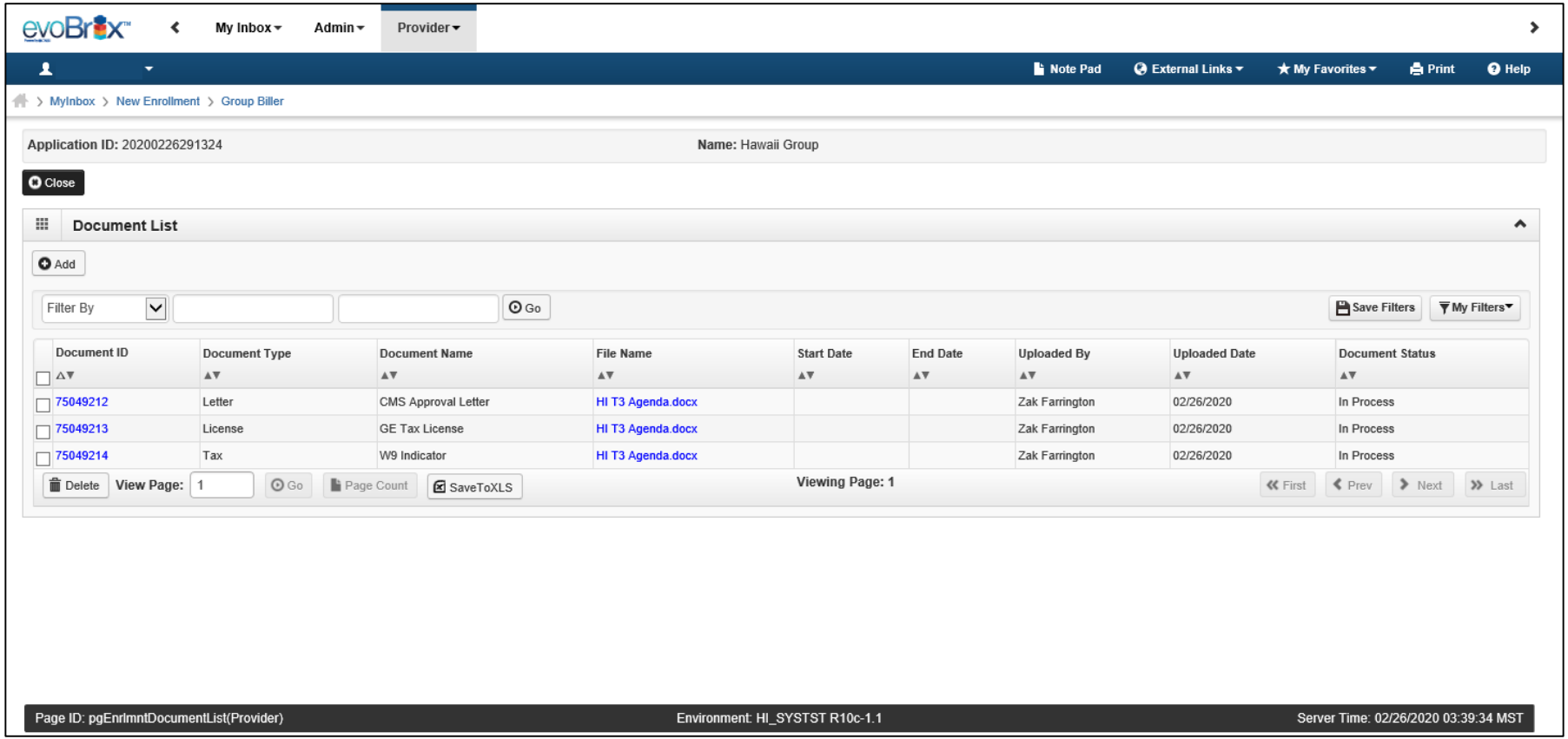
Upload Documents



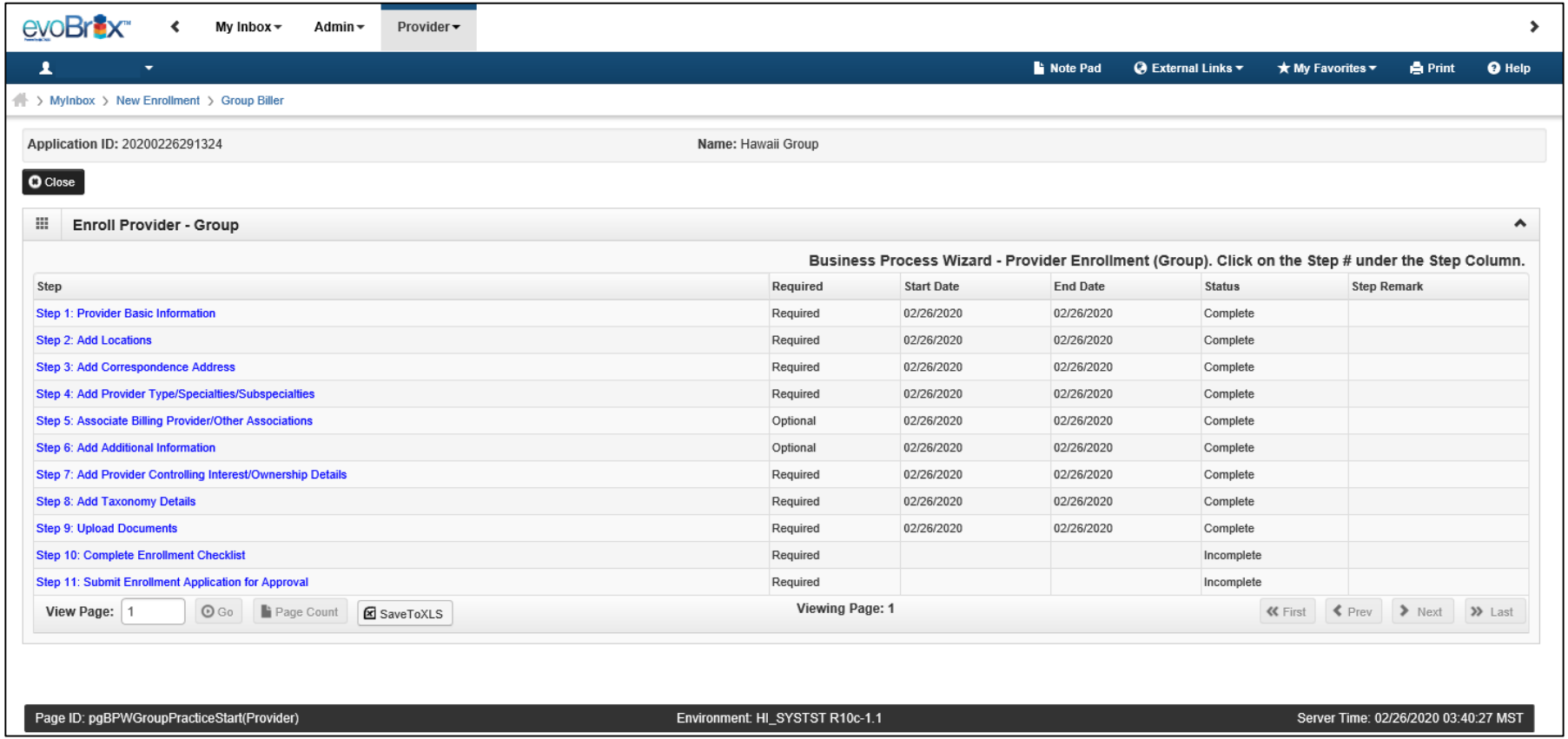
Upload Documents



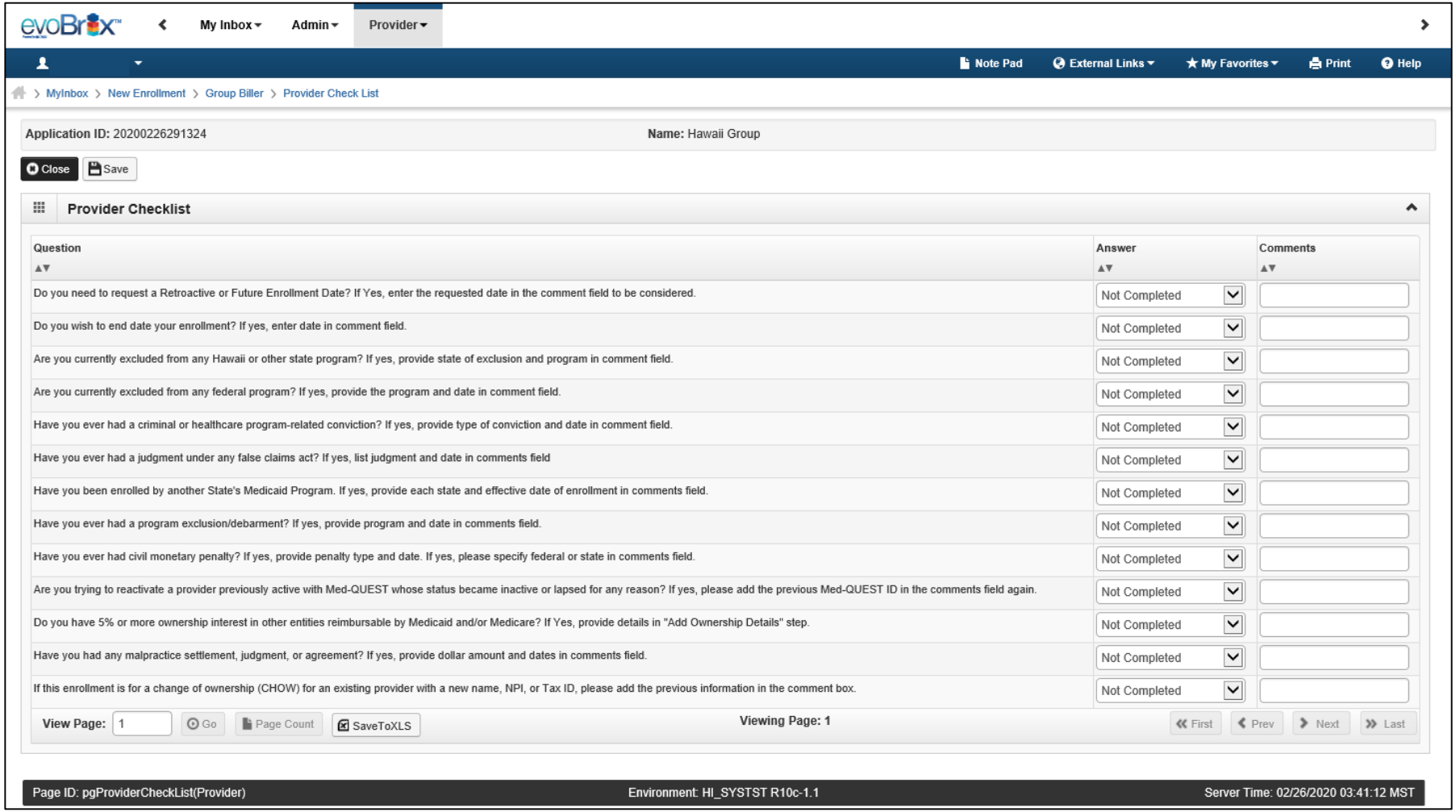
Upload Documents



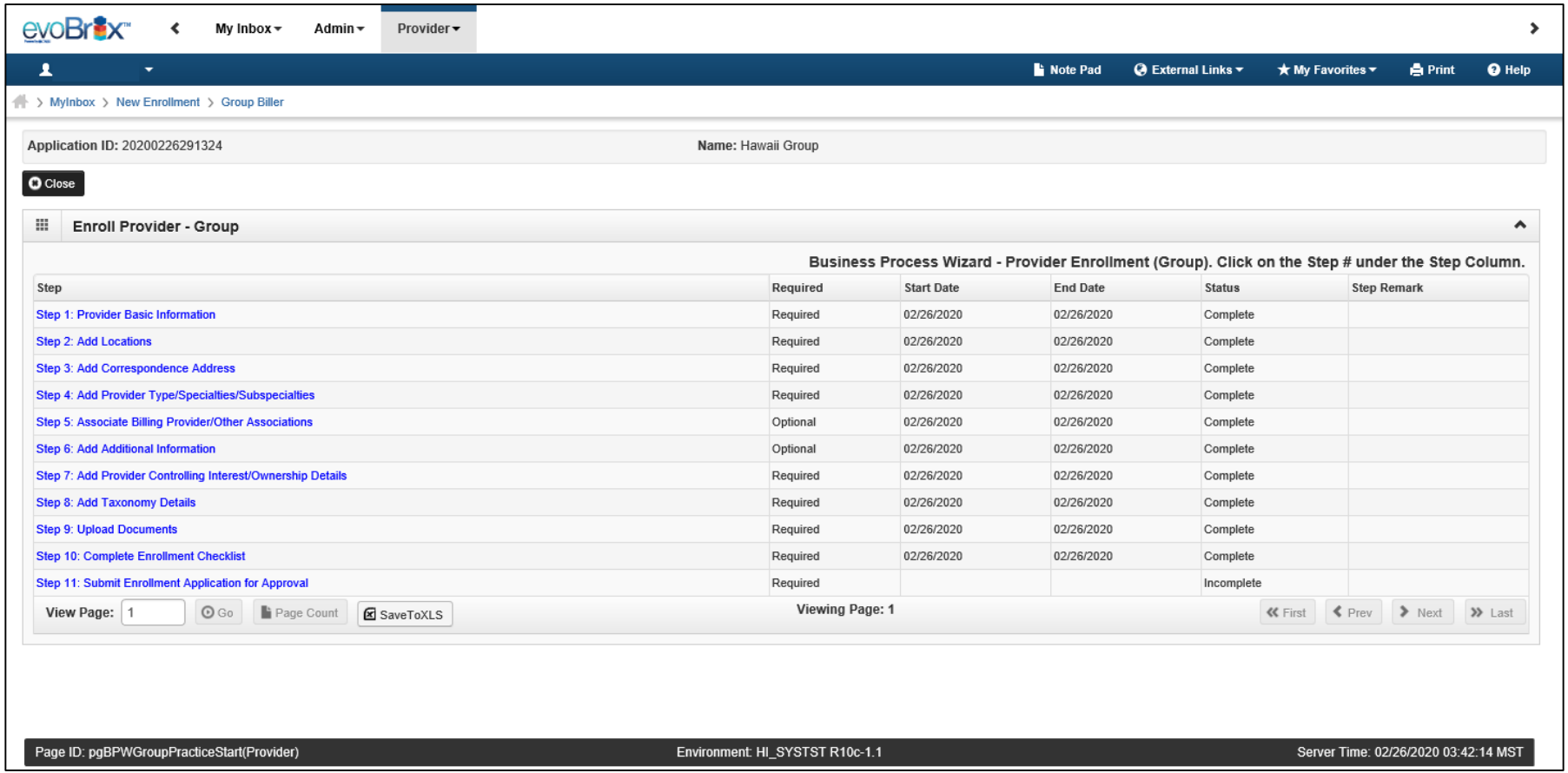
Step 10: Enrollment Checklist



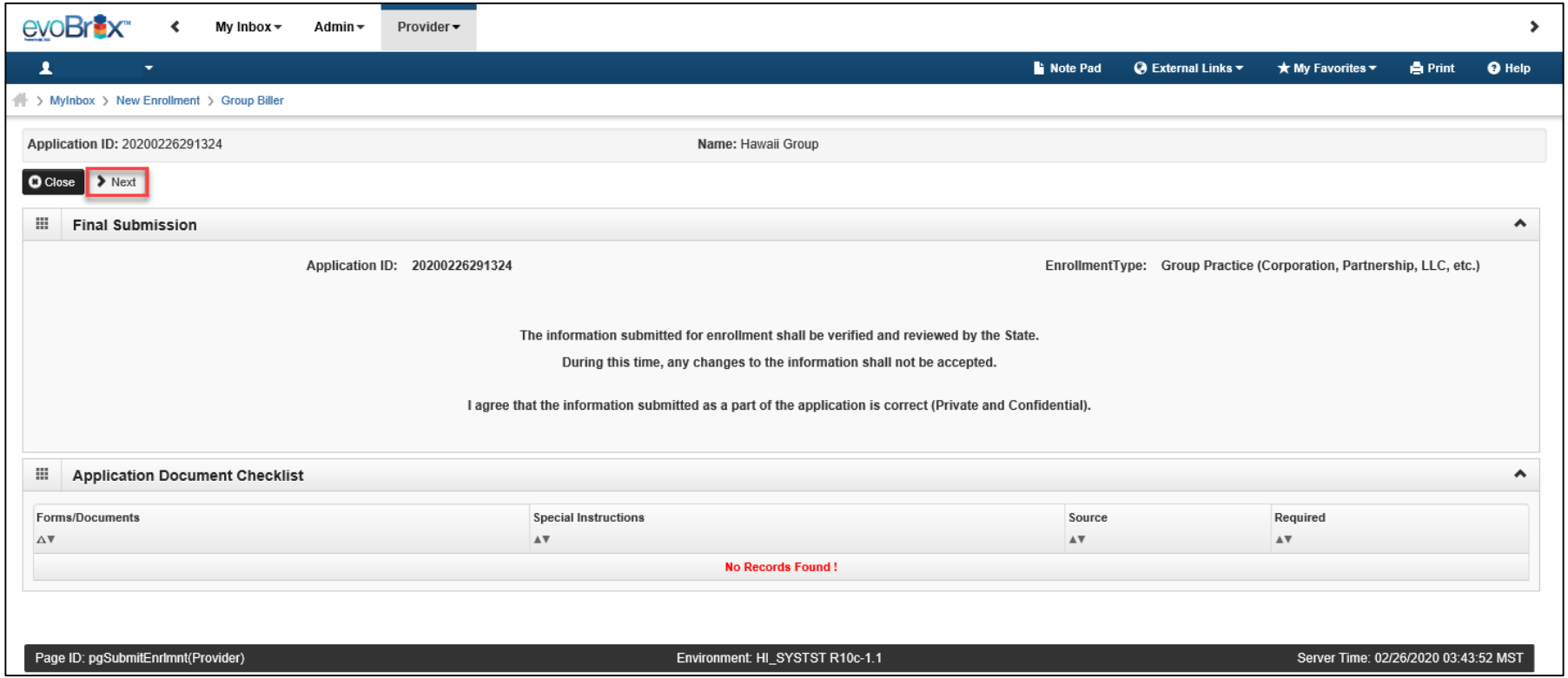
Enrollment Checklist



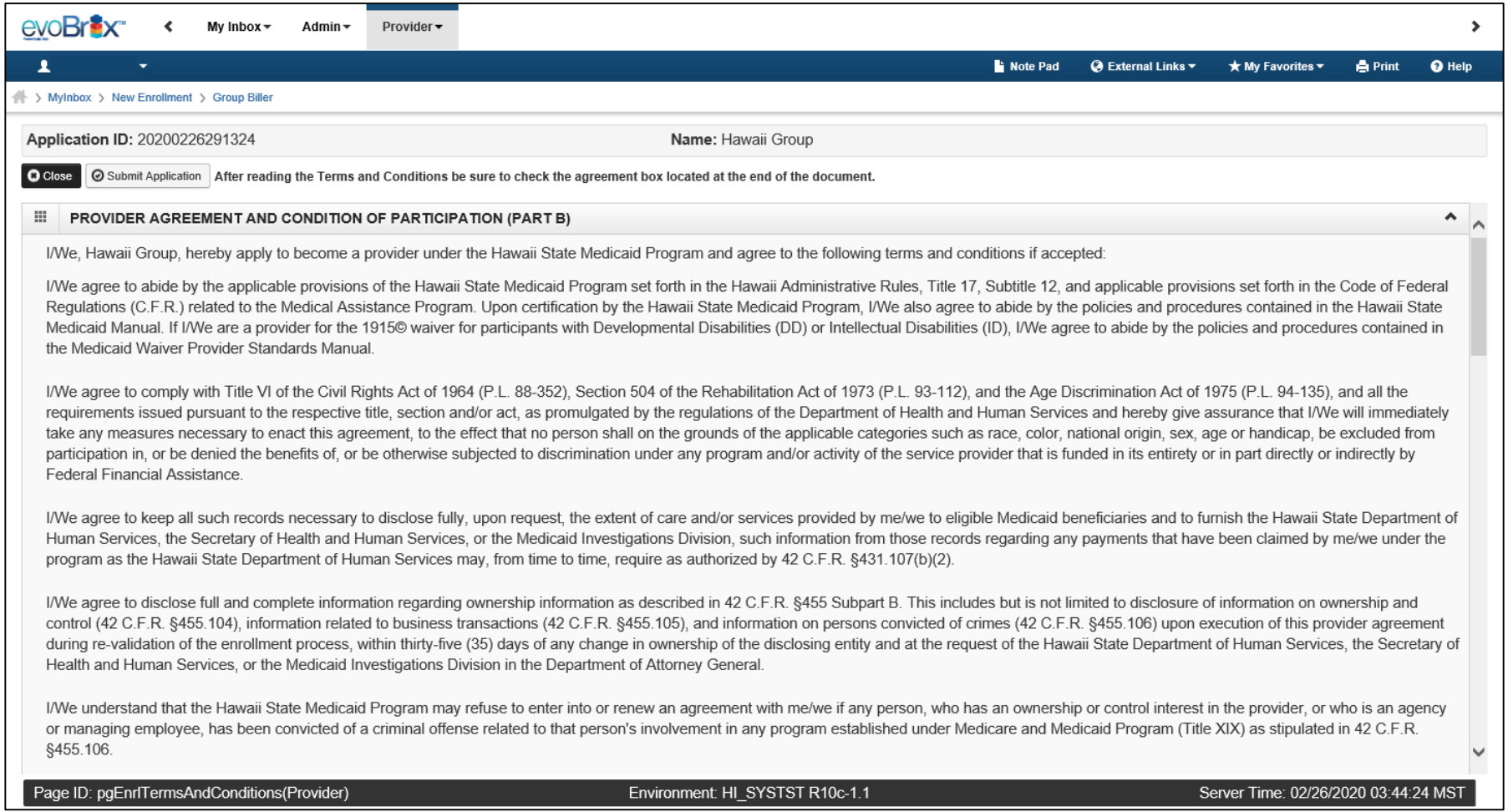
Step 11: Submit Application



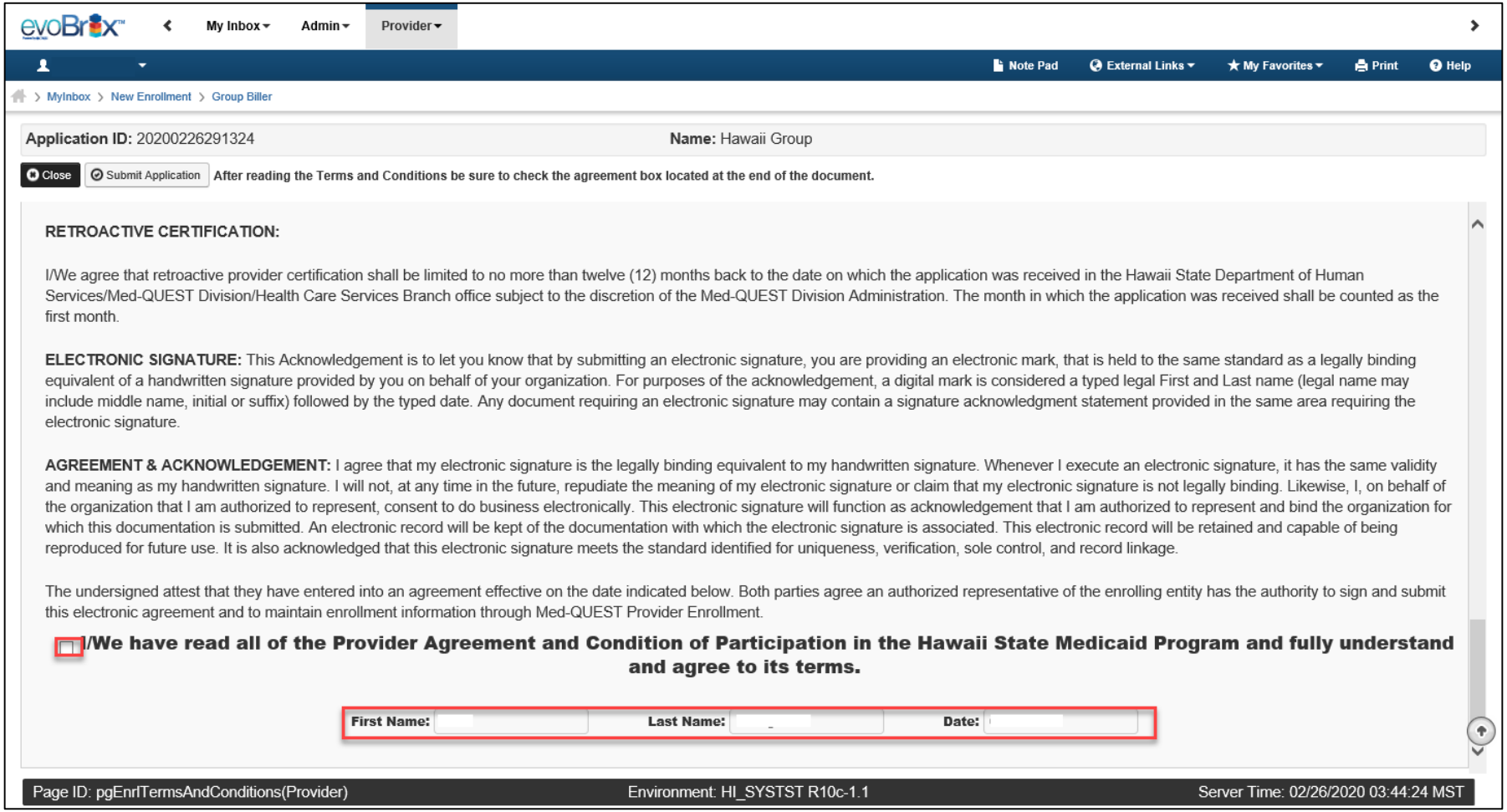
Submit Application



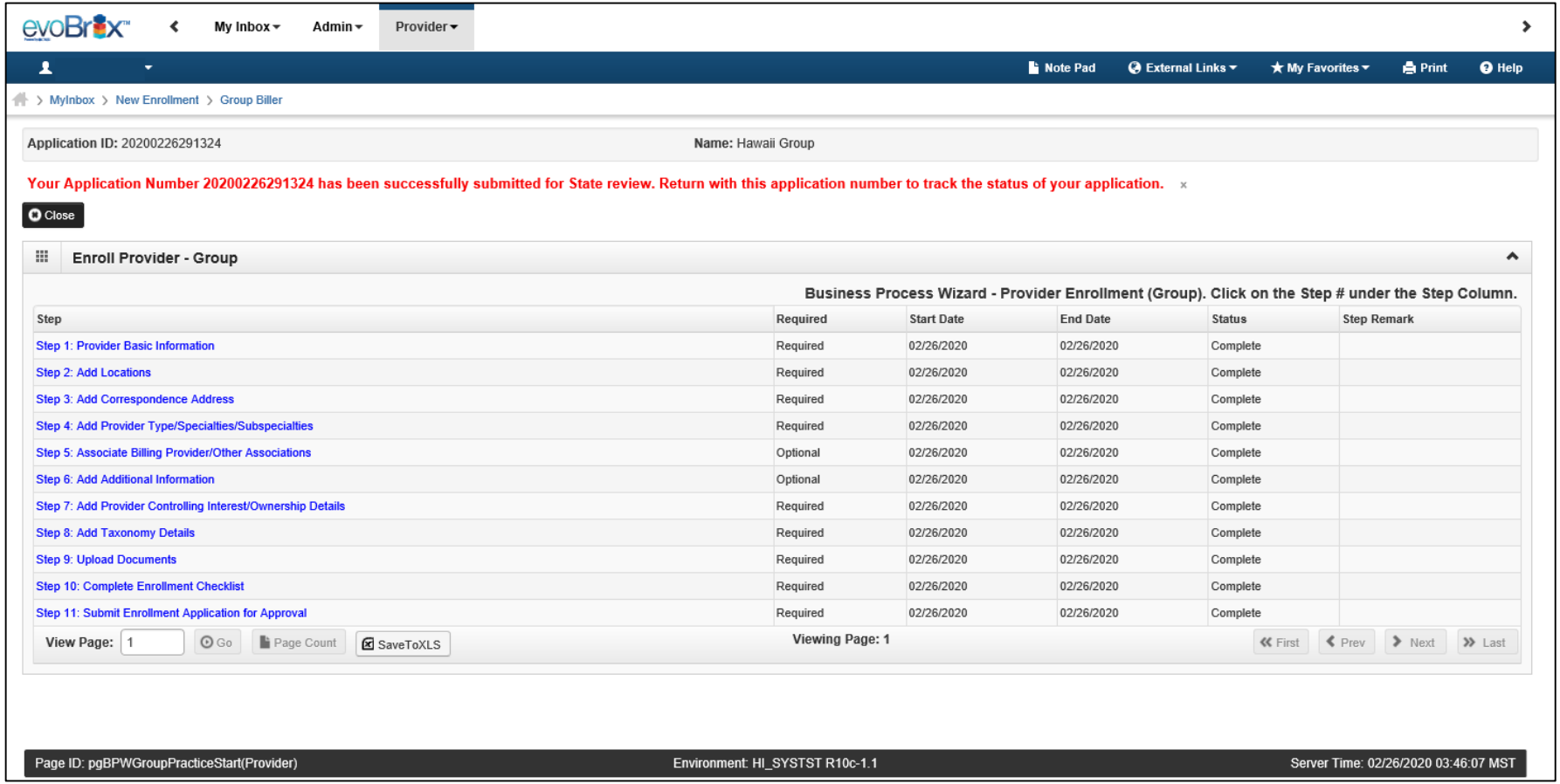
Review Group Biller Participation Agreement



Complete Group Biller Participation Agreement



Submission Complete



Thank You!

Persistence, Perseverance and Passion as always remains our credo.

Contact Med-QUEST

Corporate 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