CNSI innovation@work

Atypical Agency Enrollment

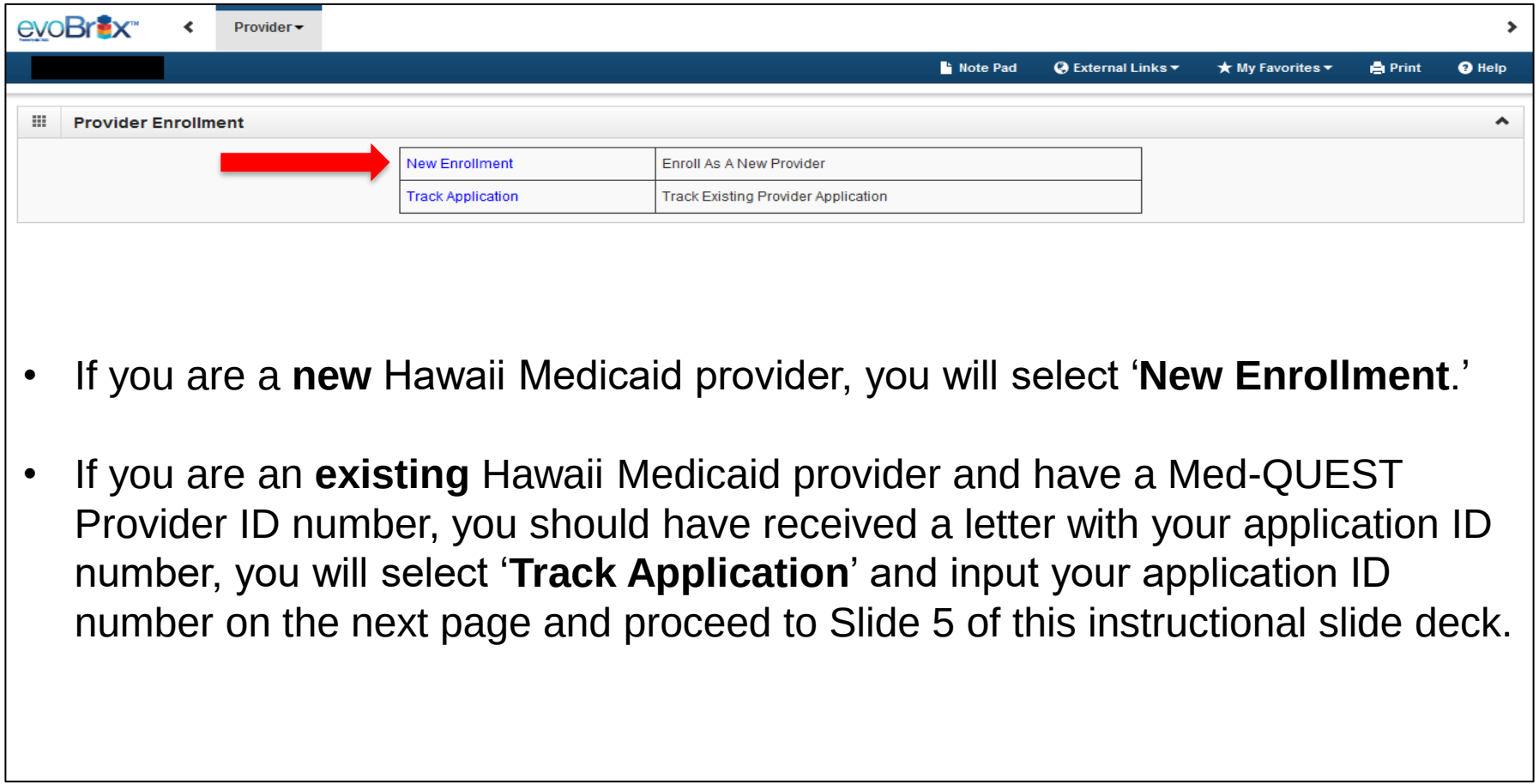
HOKU New Application Path

October 21, 2020

Selecting Atypical Agency Enrollment Type

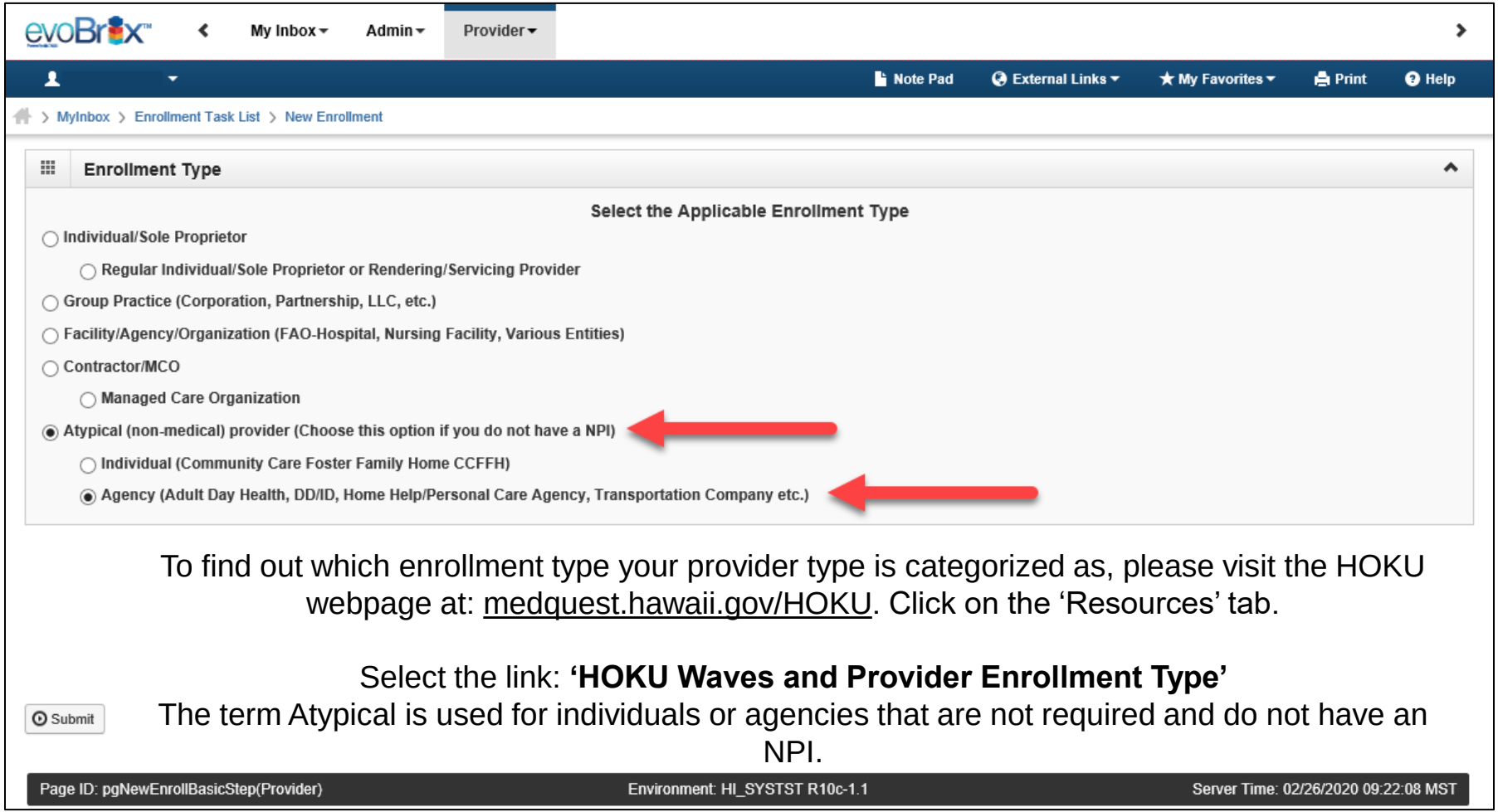
- If the provider being enrolled is a Facility, Agency, or Organization (FAO) providing health care or support services, and **does NOT** have an NPI, please select the Atypical Agency enrollment type.
- Atypical Agencies include:
  - Adult Day Health Centers
  - Home and Community-Based Services Providers
  - 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

Provider Enrollment Application Selection



- If you are a **new** Hawaii Medicaid provider, you will select '**New Enrollment**.'
- If you are an **existing** Hawaii Medicaid provider and have a Med-QUEST Provider ID number, you should have received a letter with your application ID number, you will select '**Track Application**' and input your application ID number on the next page and proceed to Slide 5 of this instructional slide deck.

Select the Atypical Agency Enrollment Button

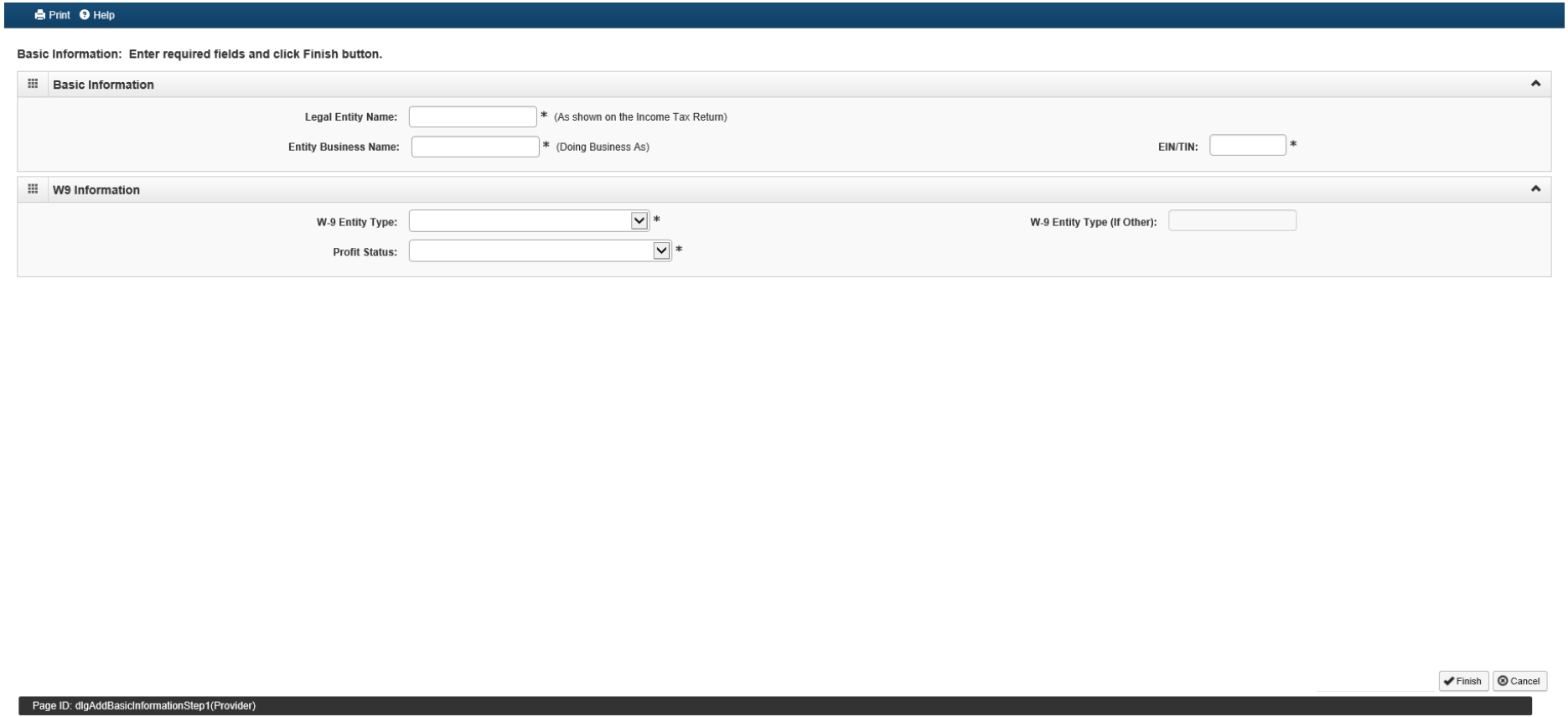


To find out which enrollment type your provider type is categorized as, please visit the HOKU webpage at: medquest.hawaii.gov/HOKU. Click on the 'Resources' tab.

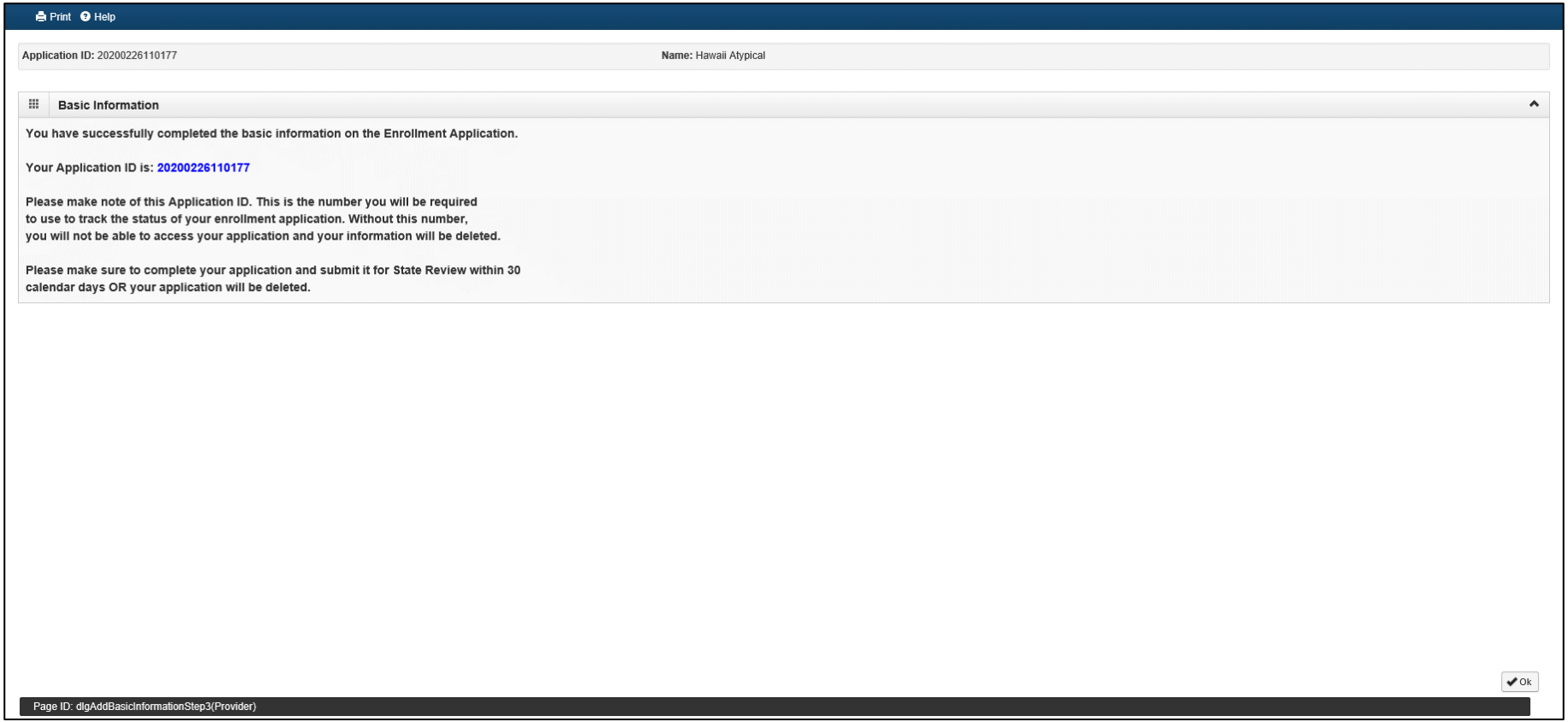
Select the link: **'HOKU Waves and Provider Enrollment Type'**

The term Atypical is used for individuals or agencies that are not required and do not have an NPI.

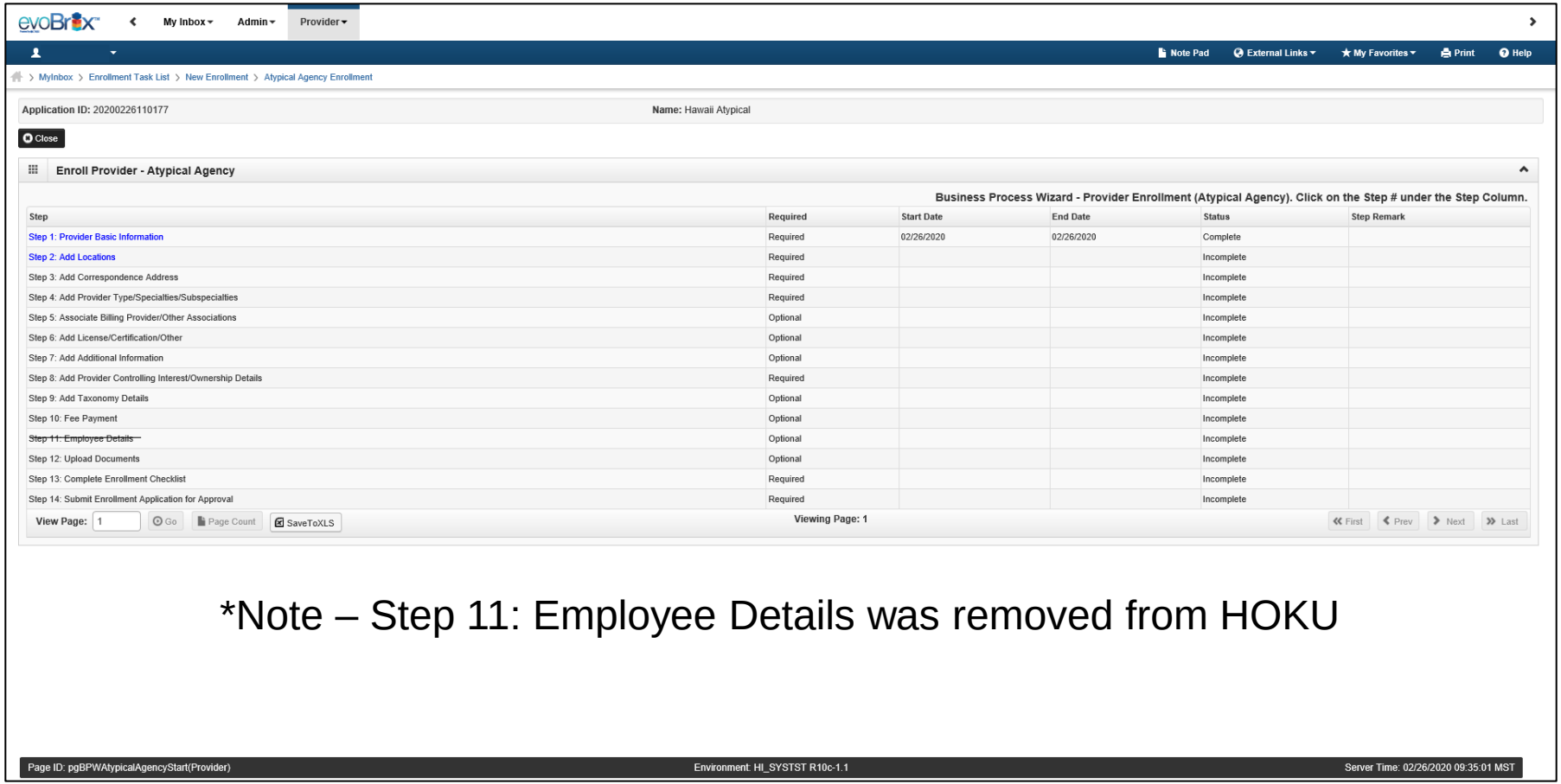
Step 1: Provide Basic Information



Application ID

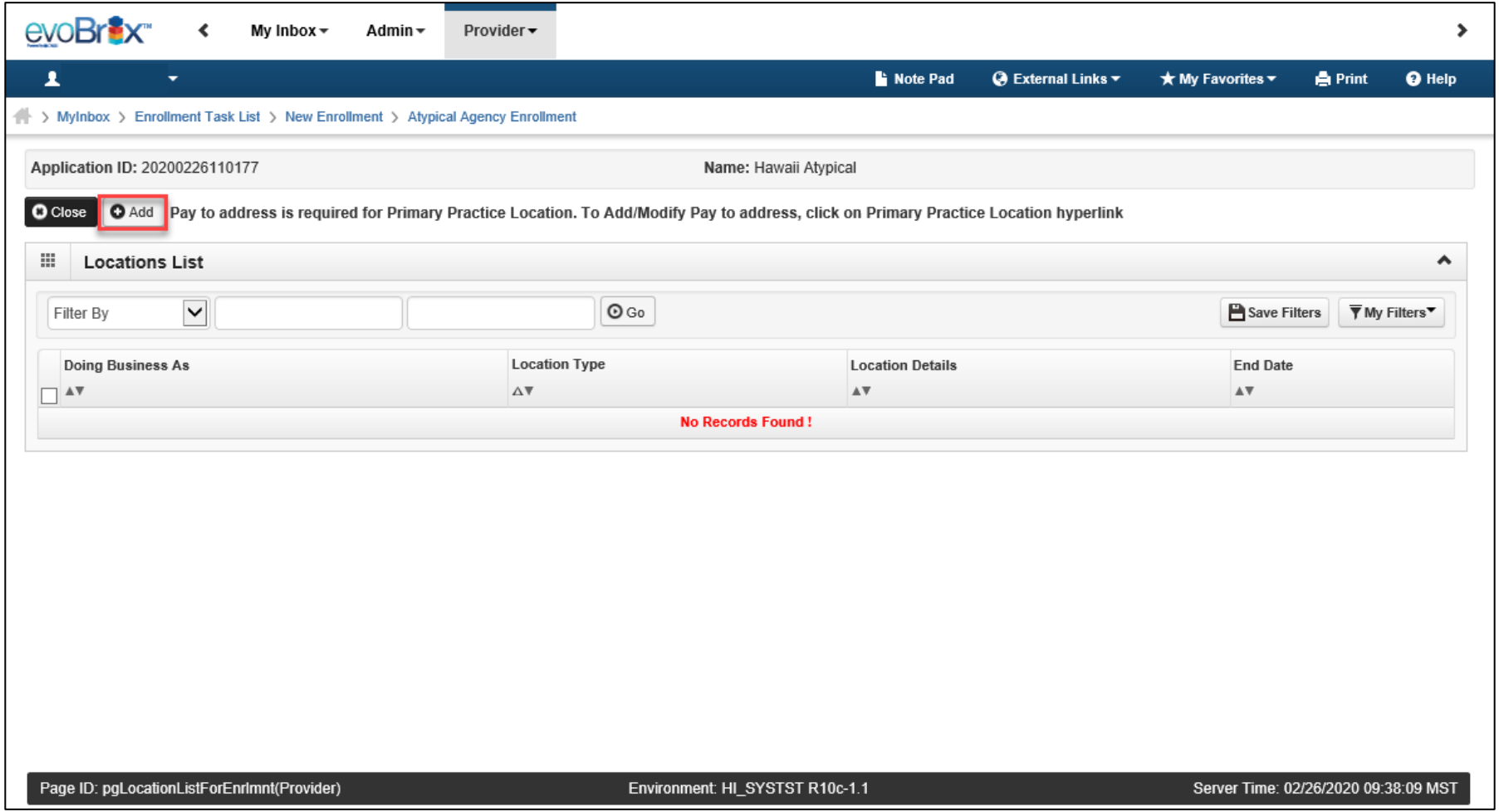


Enrollment Steps

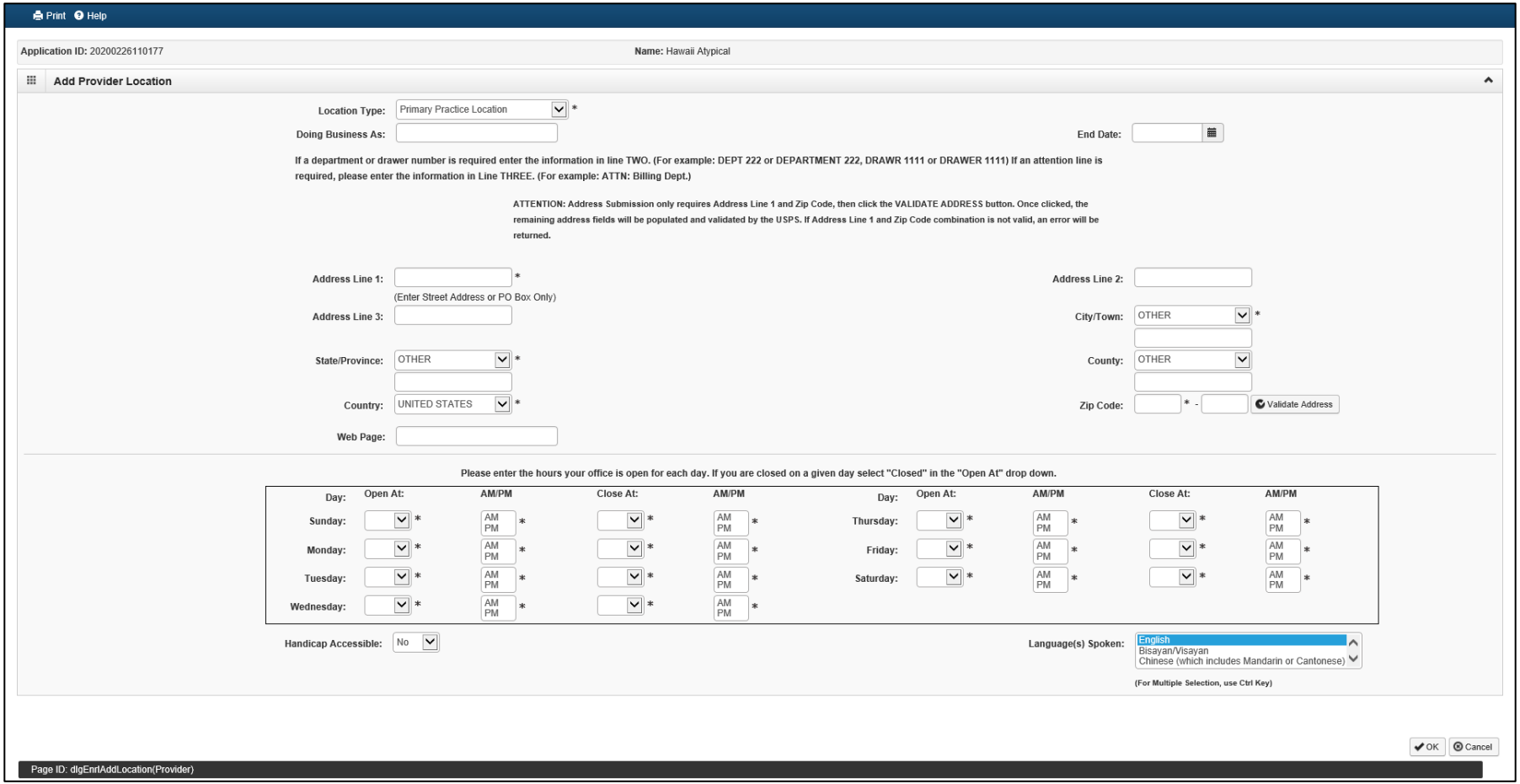


*Note – Step 11: Employee Details was removed from HOKU

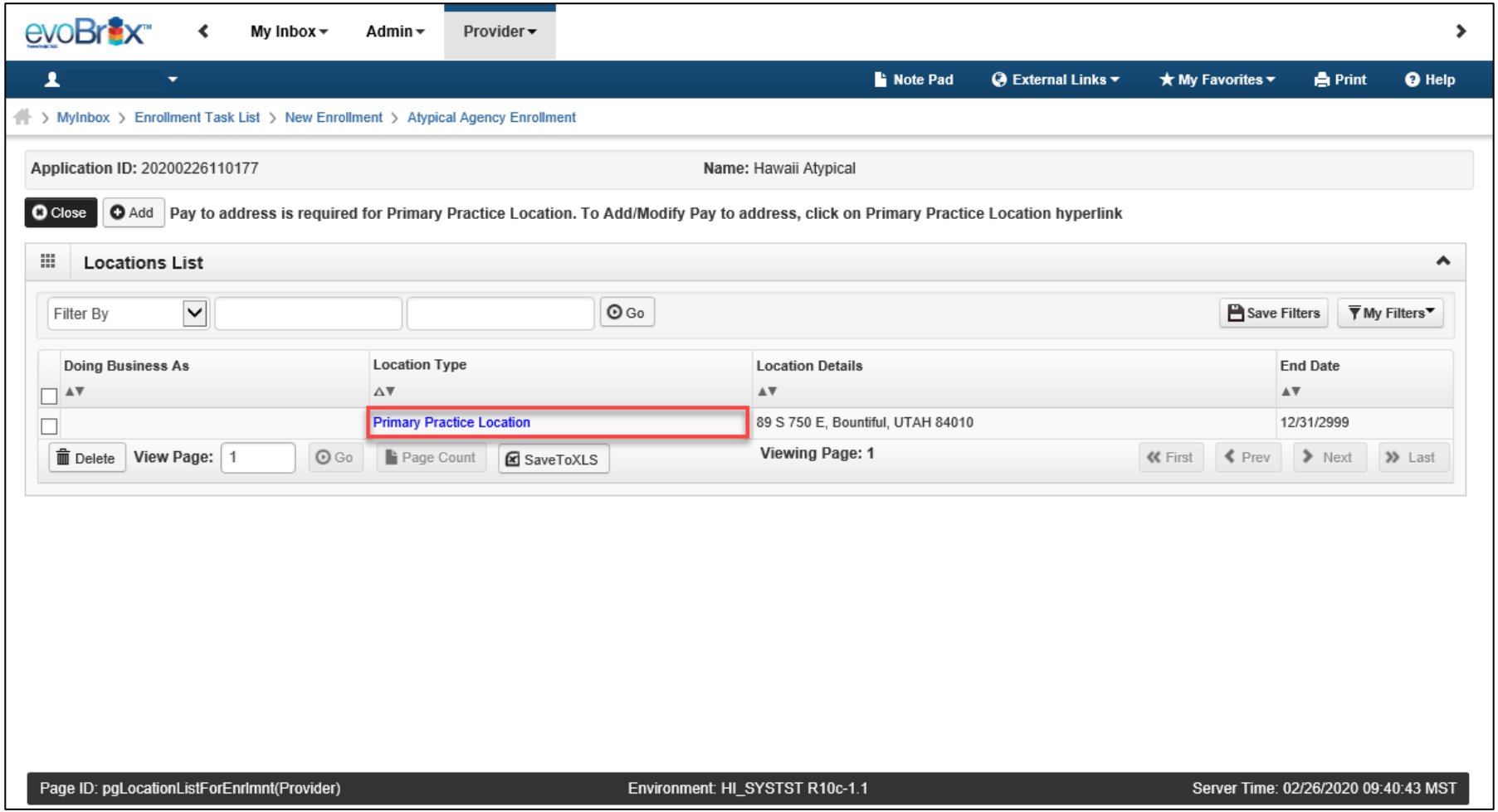
Step 2: Add Locations



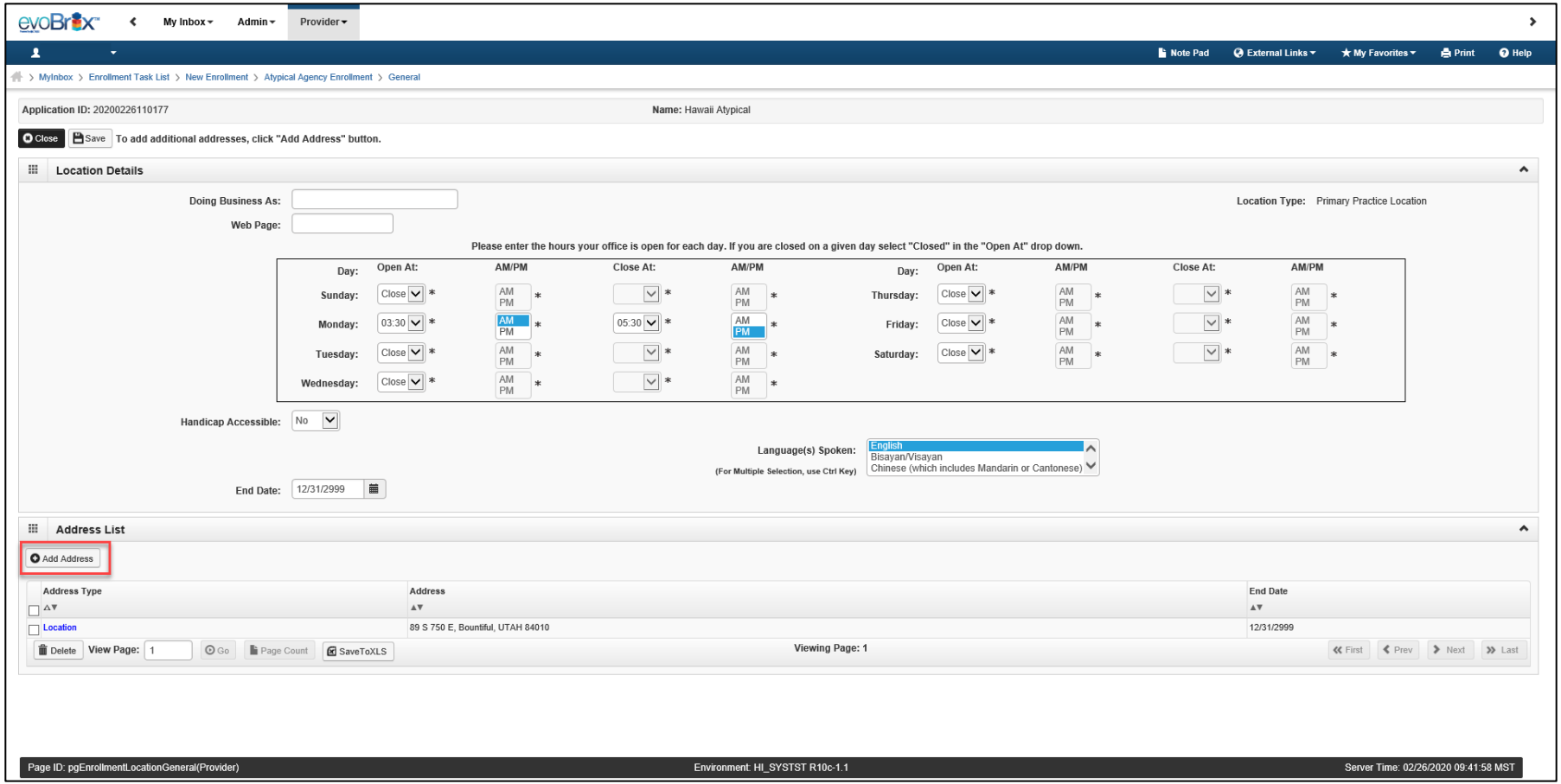
Add Primary Practice Address



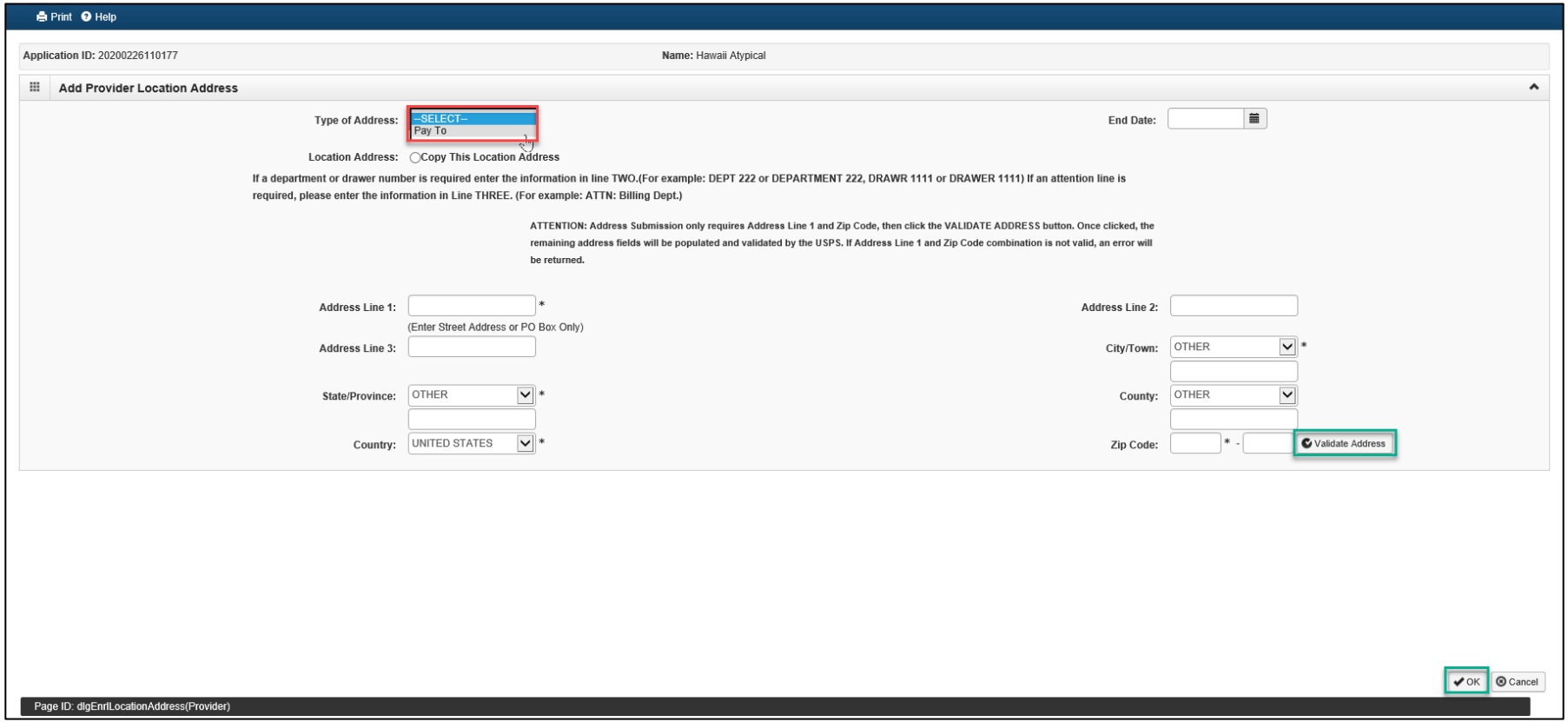
Add Pay To Address



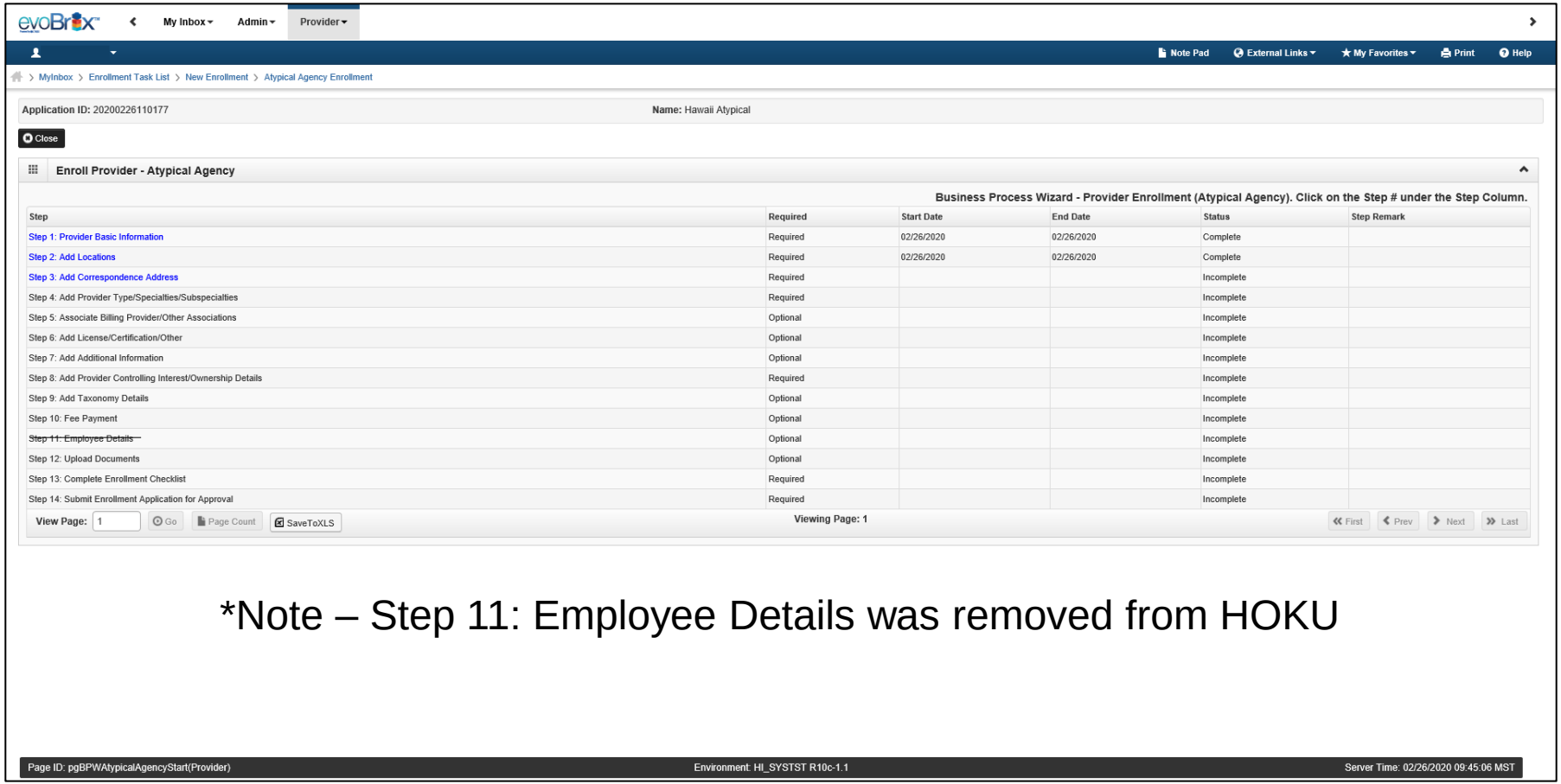
Add Pay To Address



Add Pay To Address

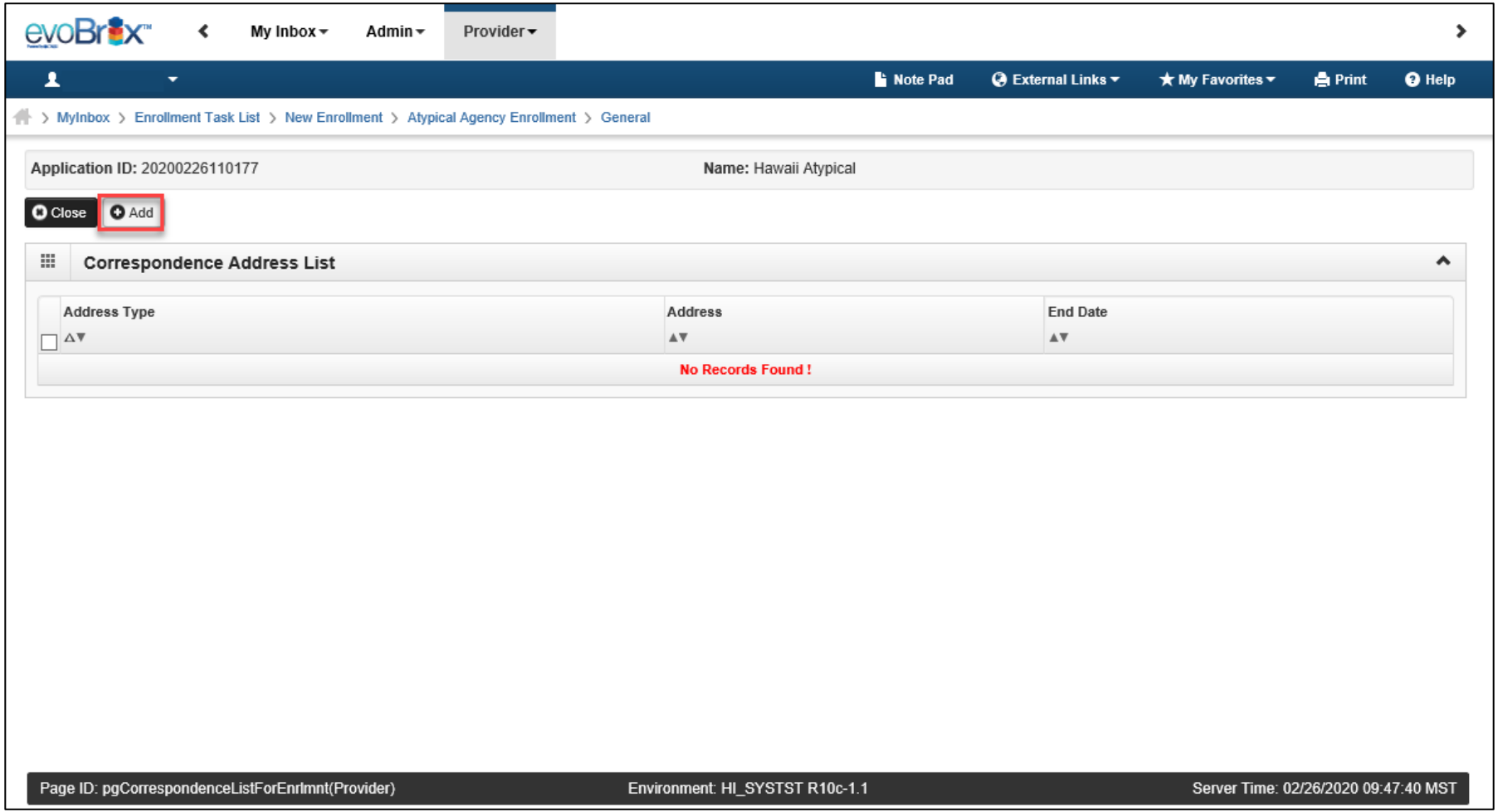


Step 3: Add Correspondence Address

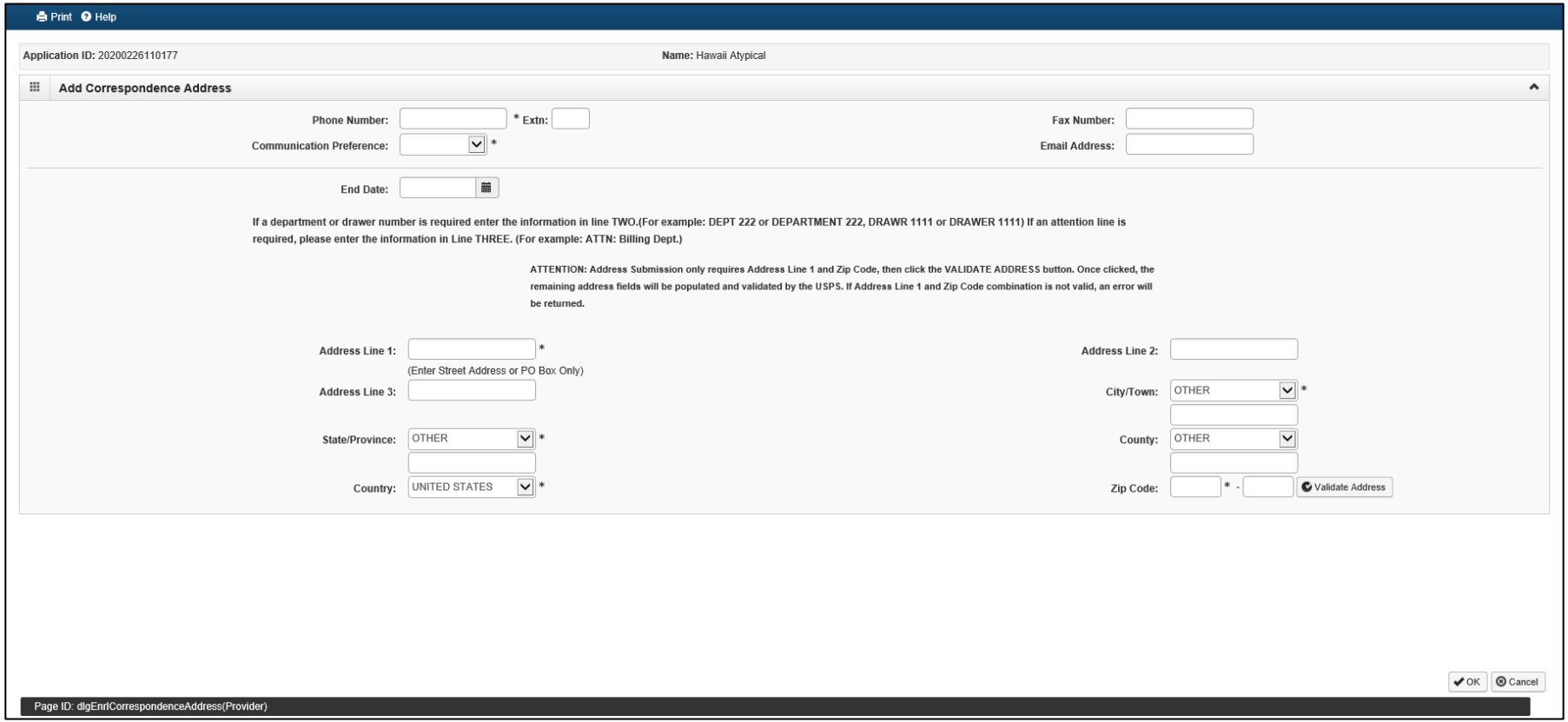


*Note – Step 11: Employee Details was removed from HOKU

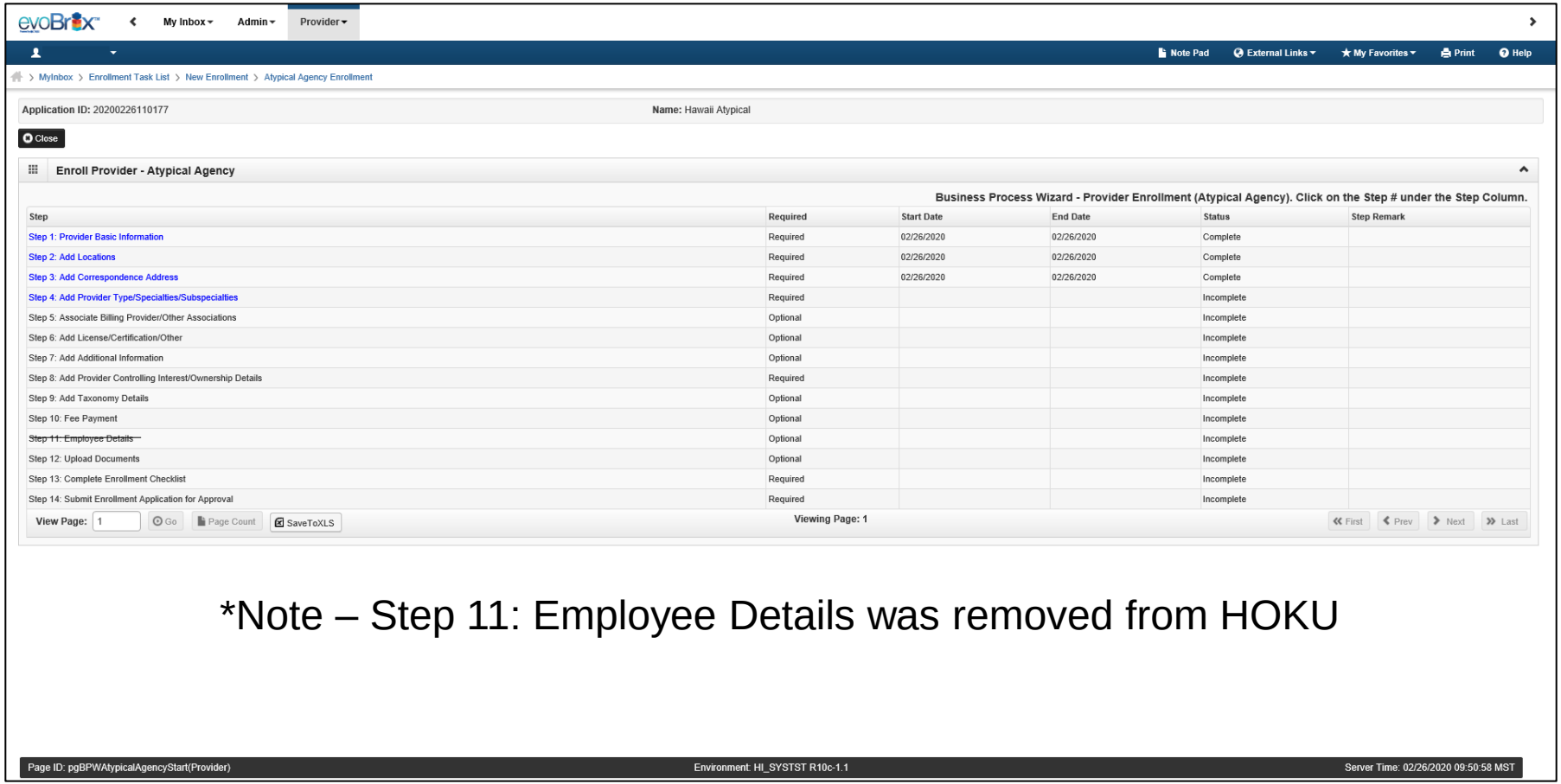
Add Correspondence Address



Add Correspondence Address

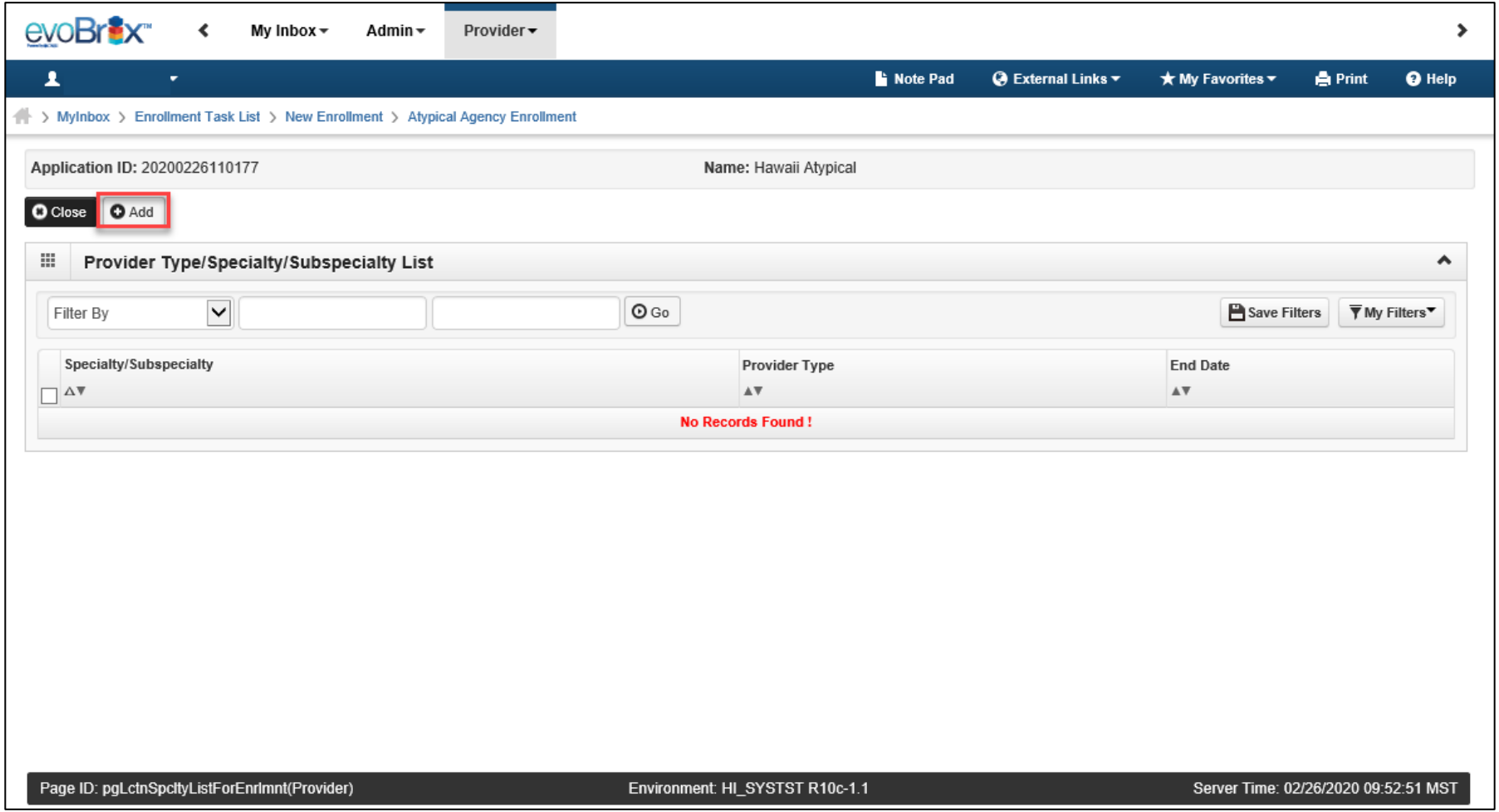


Step 4: Add Provider Type/Specialties/Subspecialties

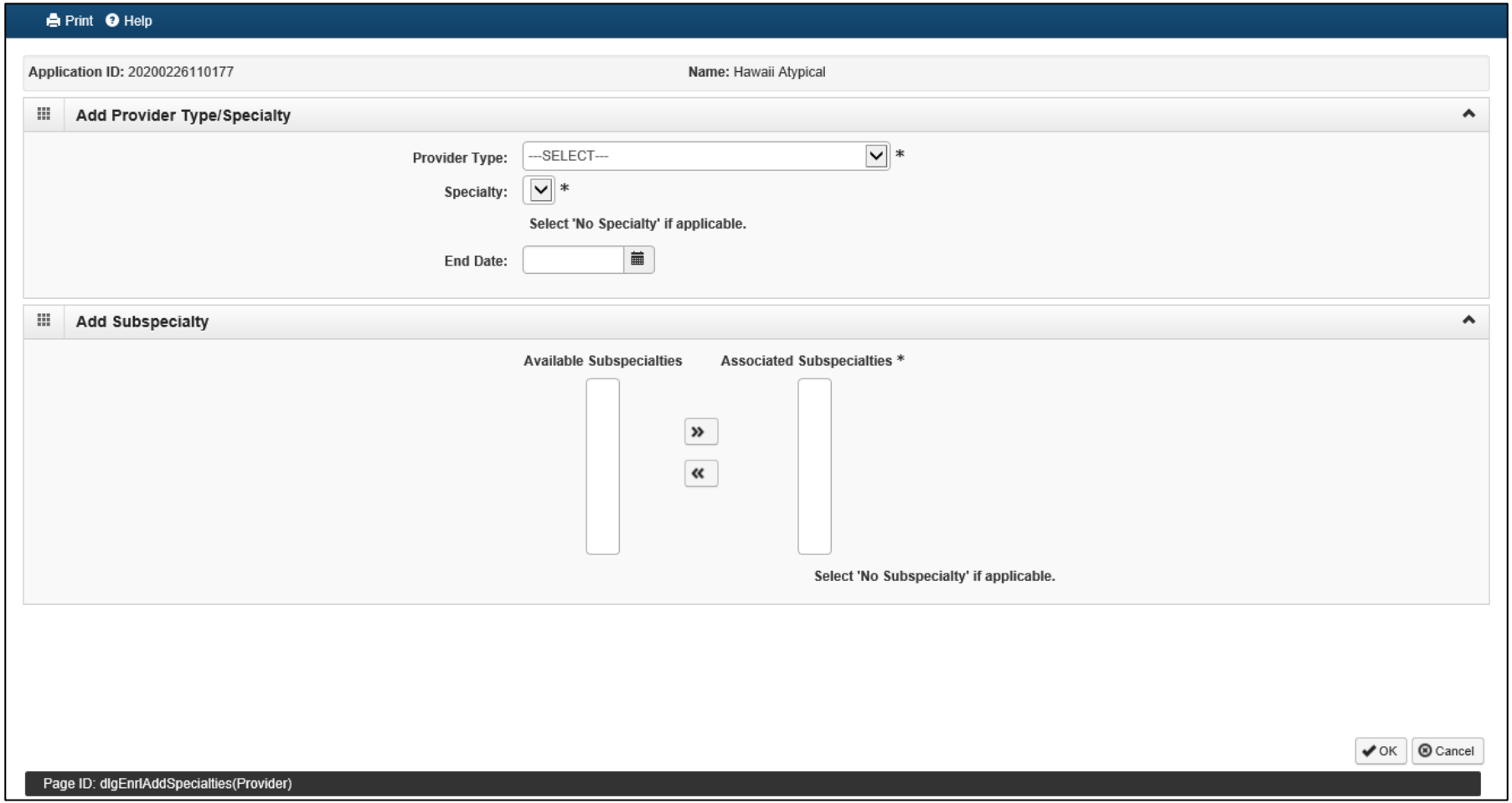


*Note – Step 11: Employee Details was removed from HOKU

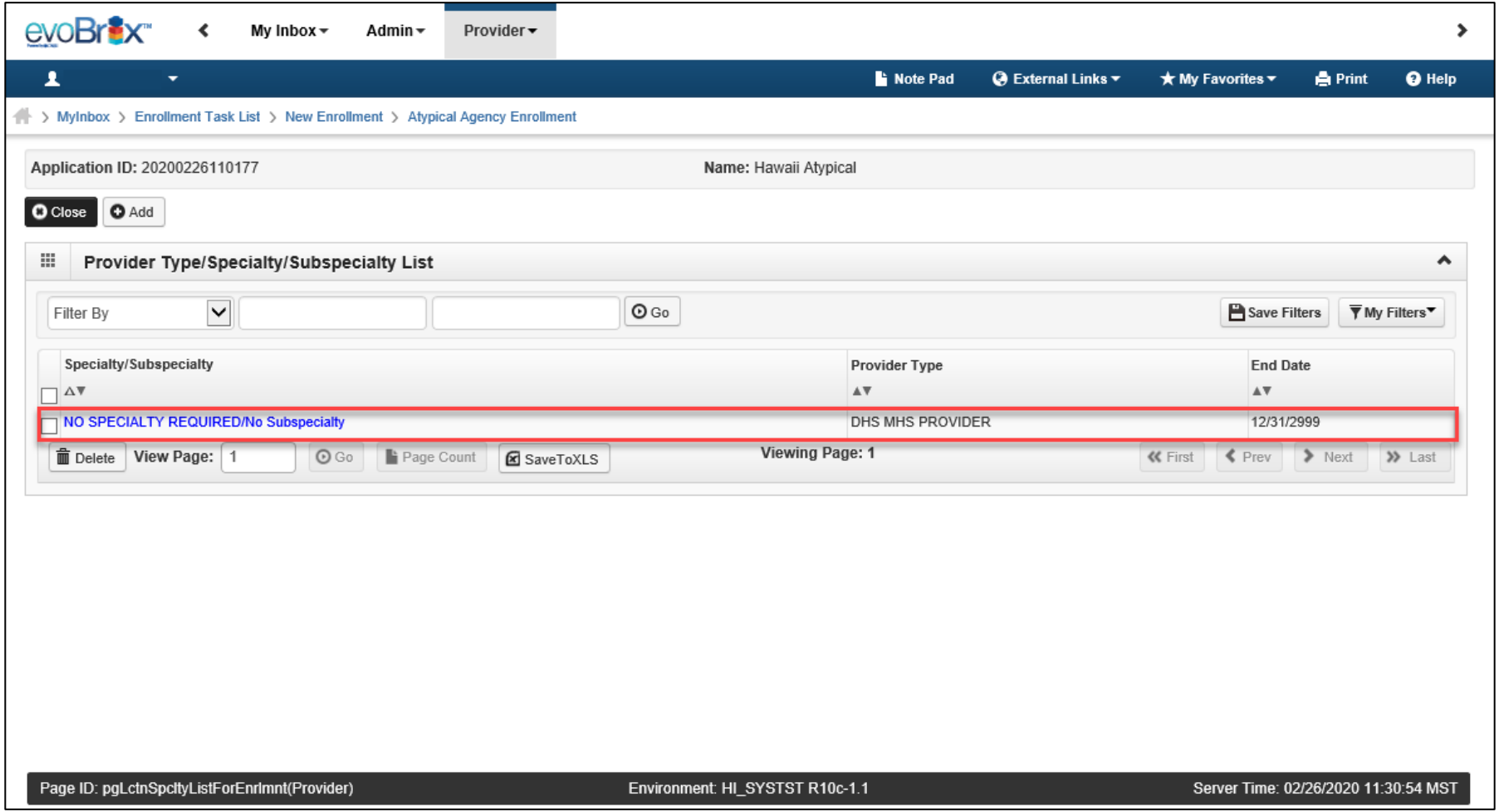
Add Provider Type/Specialties/Subspecialties



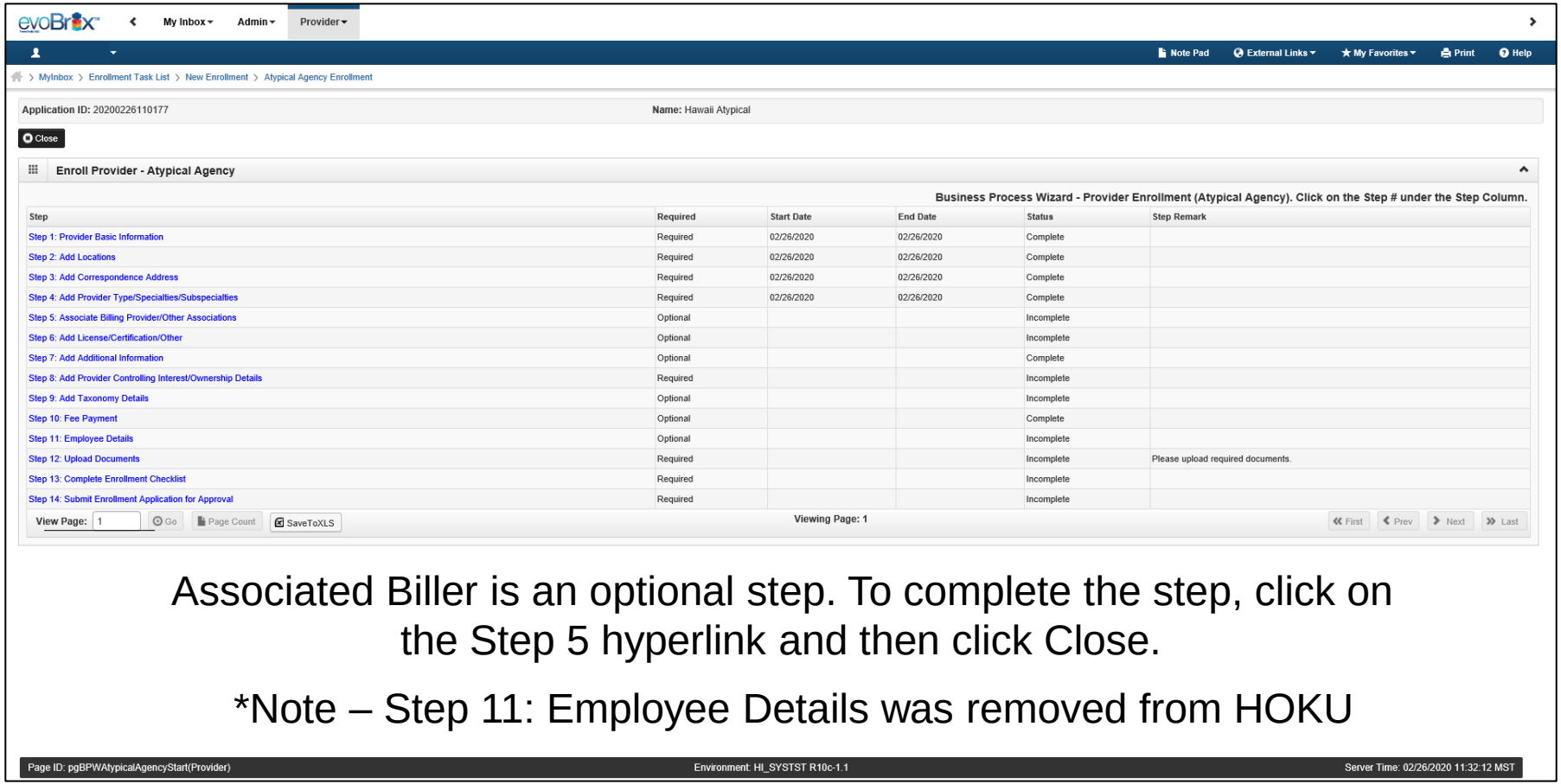
Add Provider Type/Specialties/Subspecialties



Add Provider Type/Specialties/Subspecialties



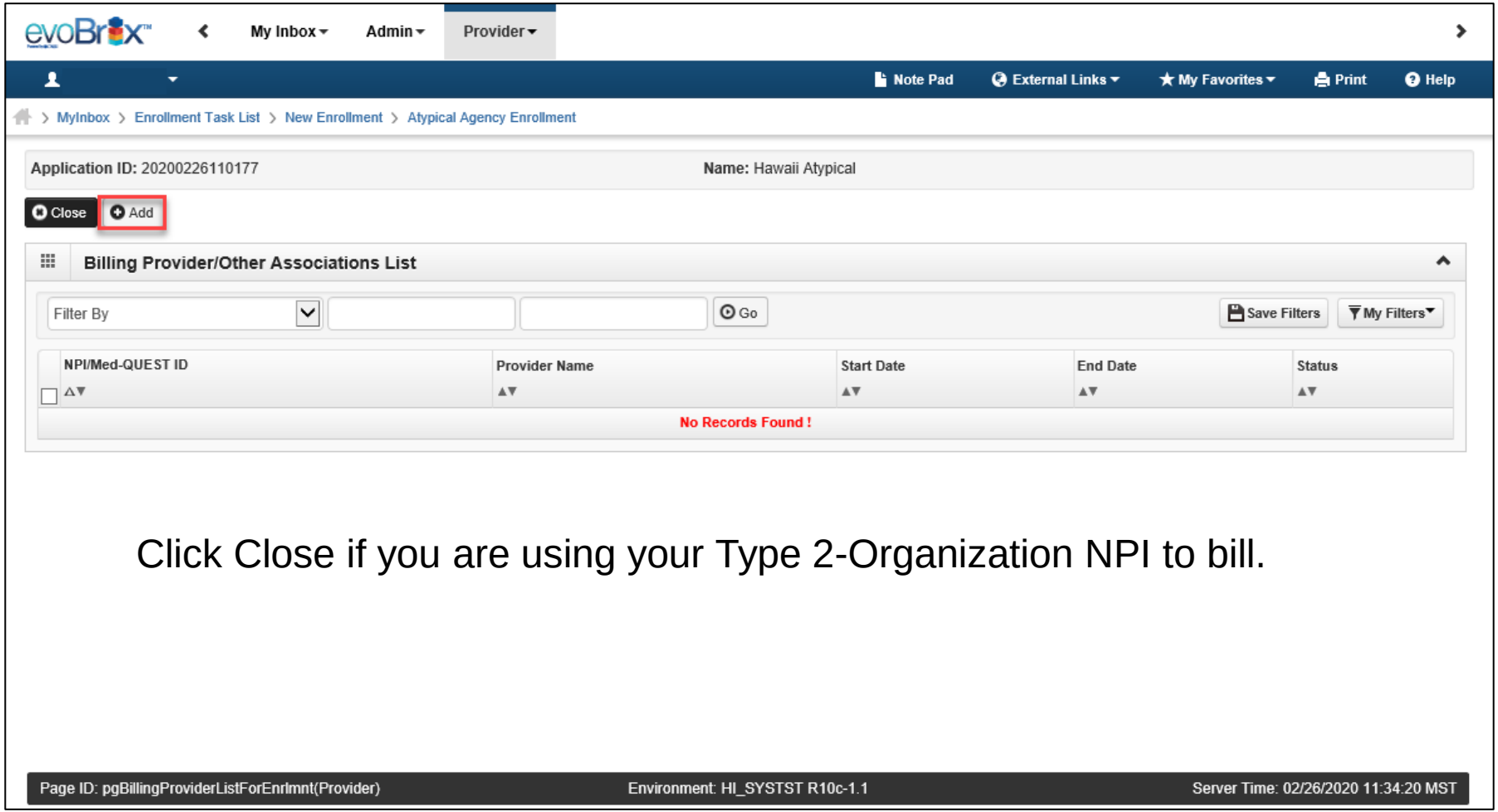
Step 5: Associate Billing Provider



Associated Biller is an optional step. To complete the step, click on the Step 5 hyperlink and then click Close.

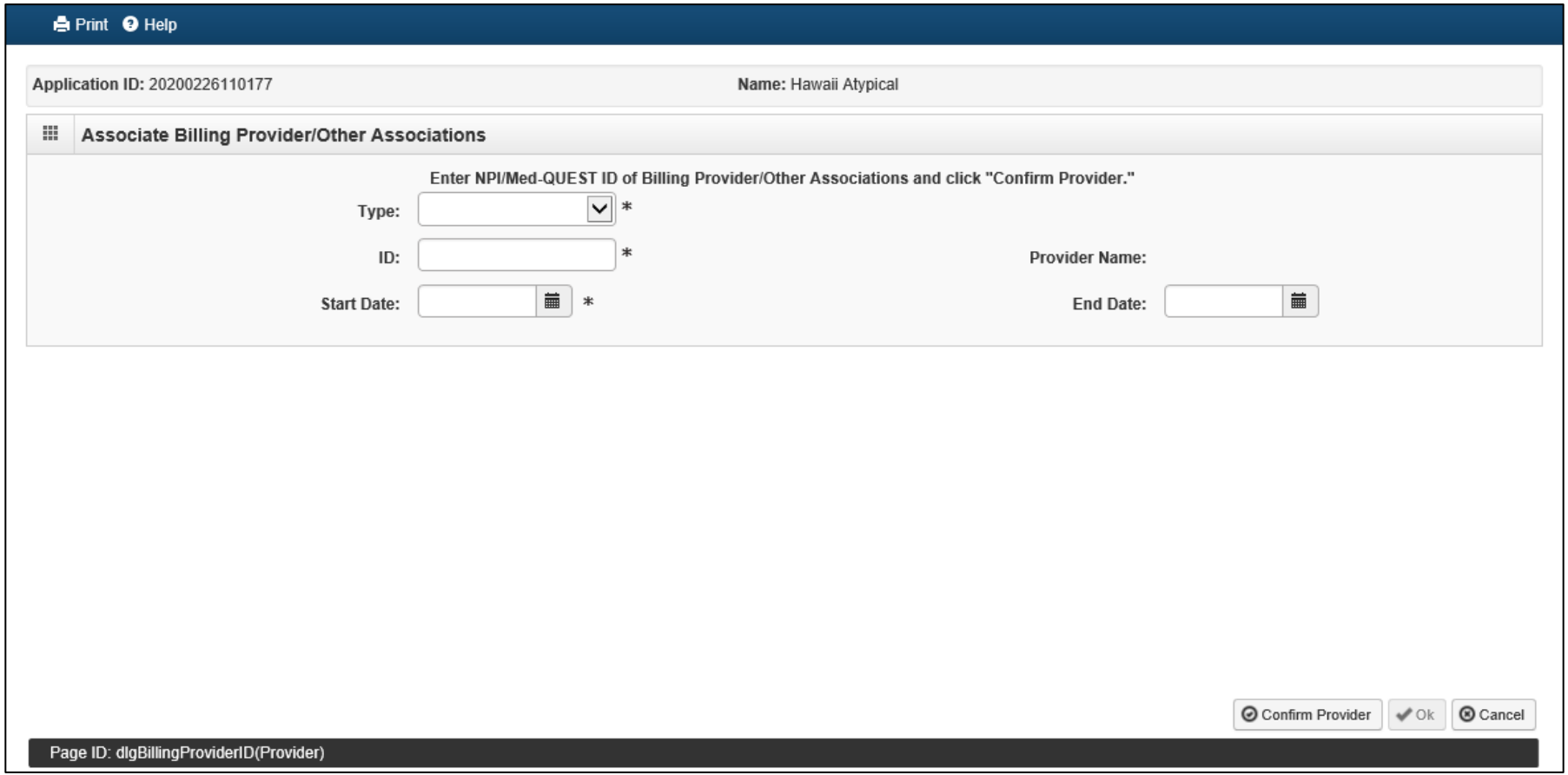
*Note – Step 11: Employee Details was removed from HOKU

Associate Billing Provider

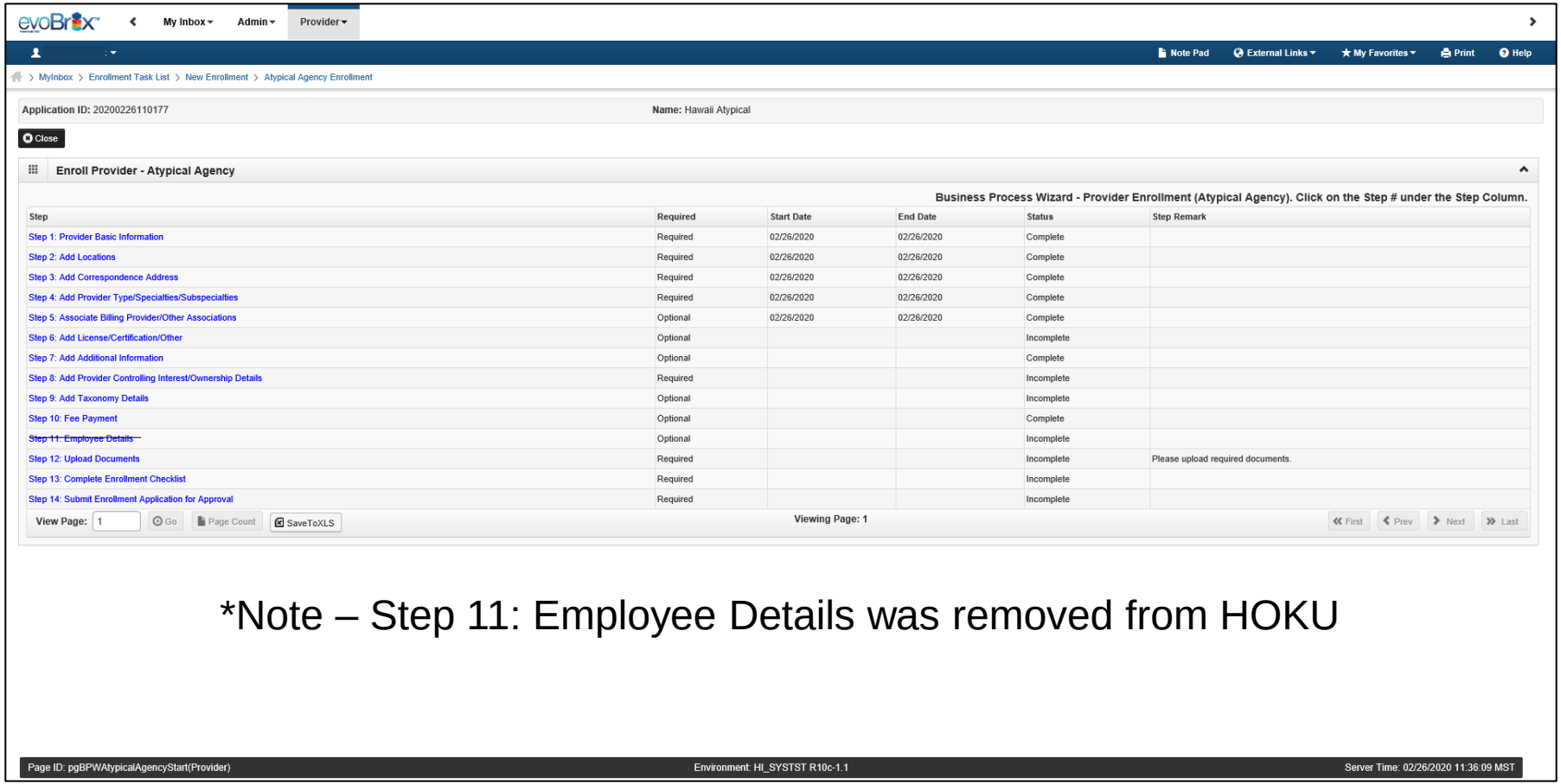


Click Close if you are using your Type 2-Organization NPI to bill.

Associate Billing Provider

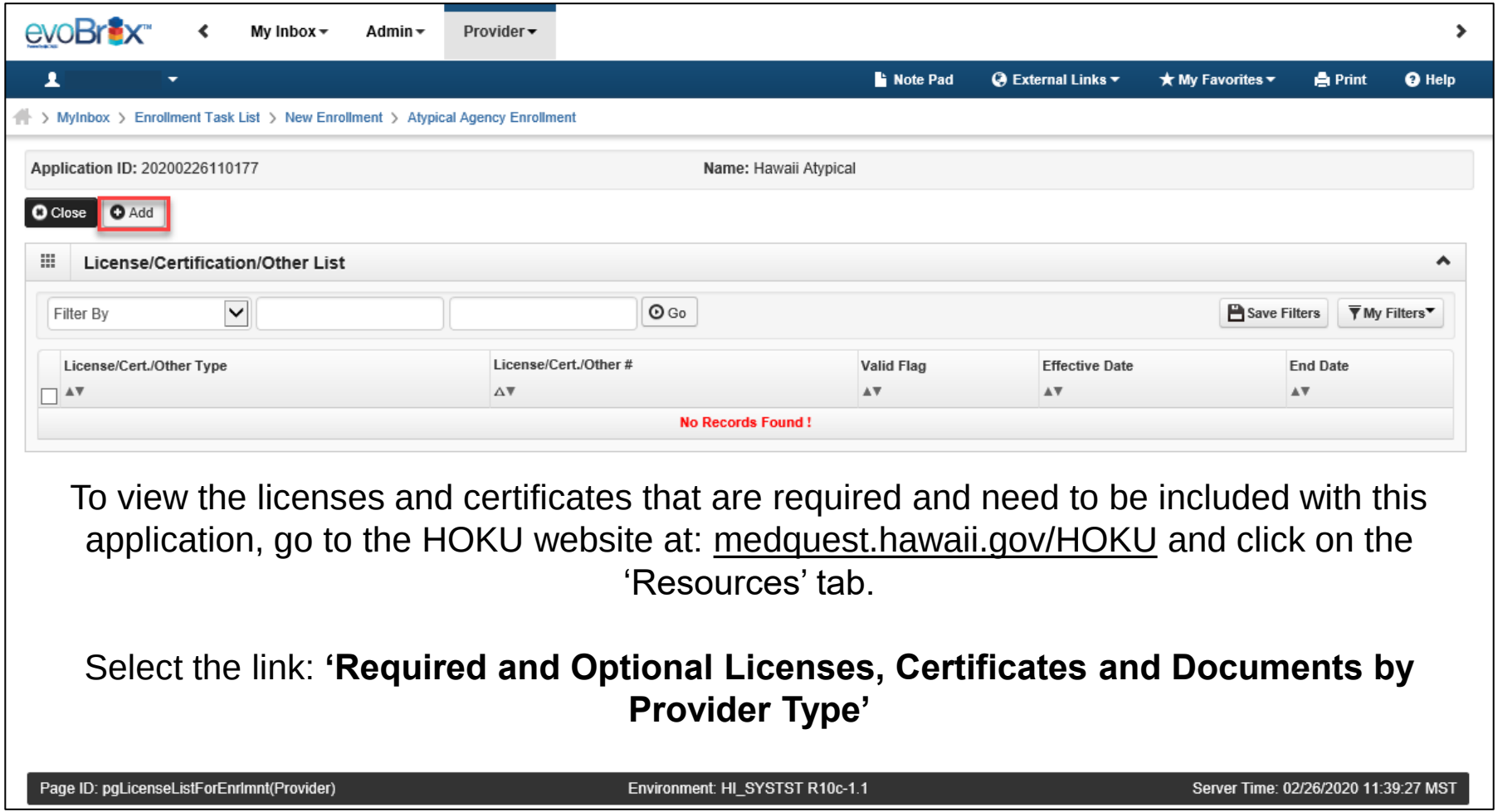


Step 6: Add License/Certification



*Note – Step 11: Employee Details was removed from HOKU

Add License/Certification



To view the licenses and certificates that are required and need to be included with this application, go to the HOKU website at: medquest.hawaii.gov/HOKU and click on the 'Resources' tab.

Select the link: **'Required and Optional Licenses, Certificates and Documents by Provider Type'**

Add License/Certification

Print Help

Application ID: 20200226110177 Name: Hawaii Atypical

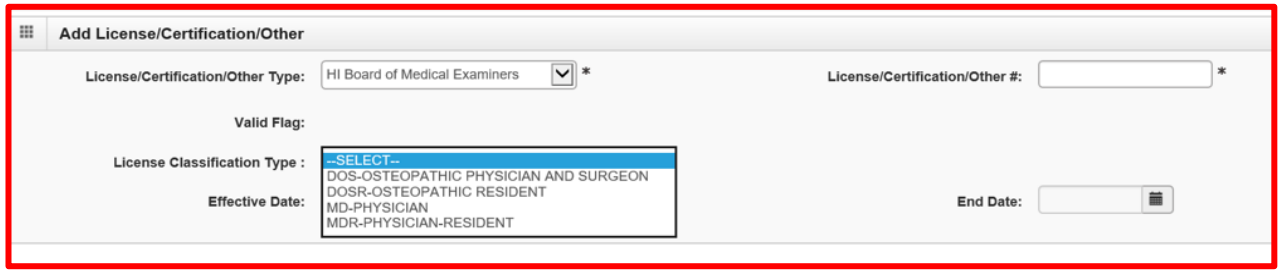
Add License/Certification/Other

License/Certification/Other Type: * License/Certification/Other #: *

Valid Flag:

Effective Date: * End Date:

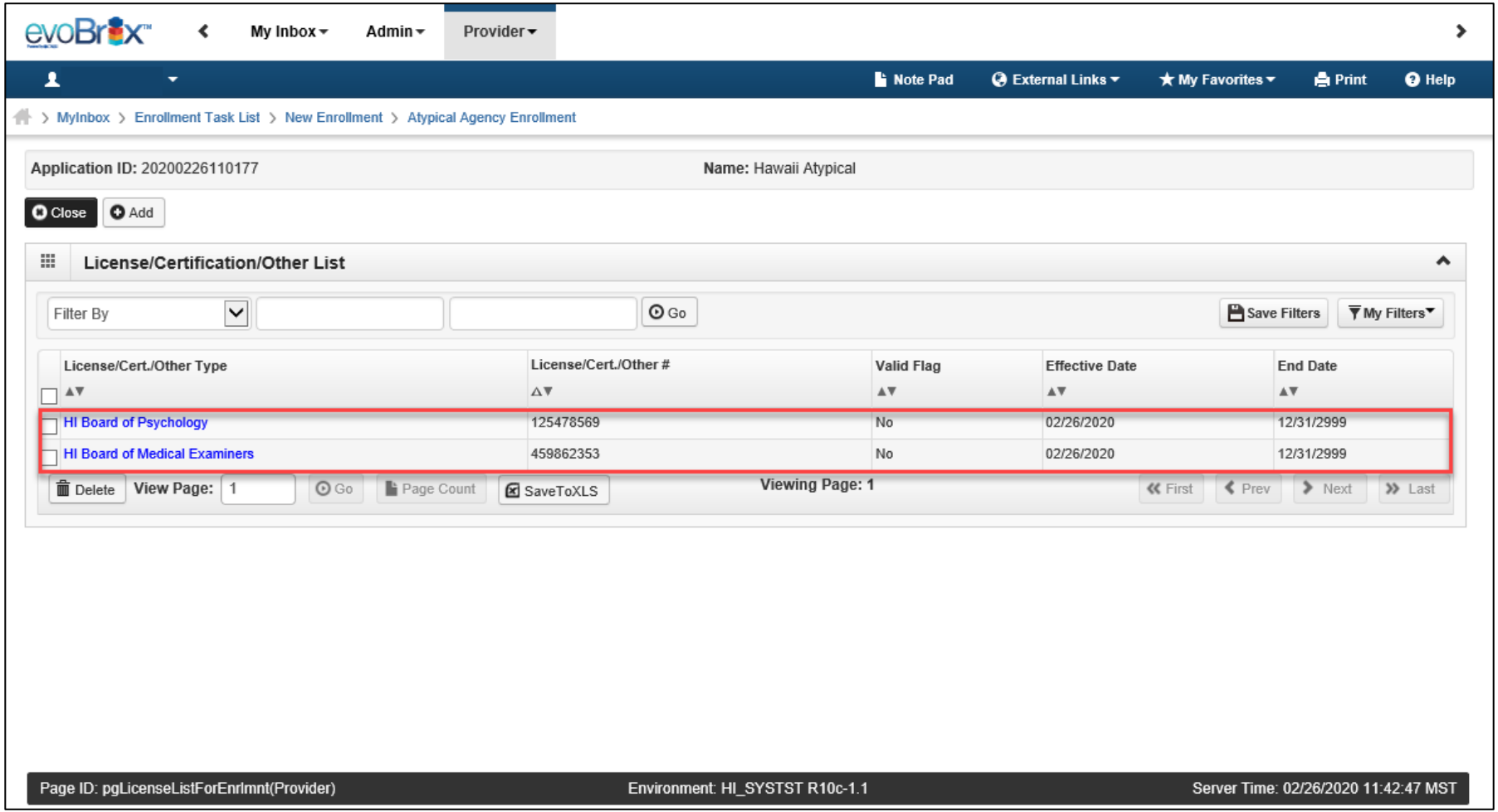
Note: The License Classification Type may be displayed if a specific DCCA License/Certification Type is selected.



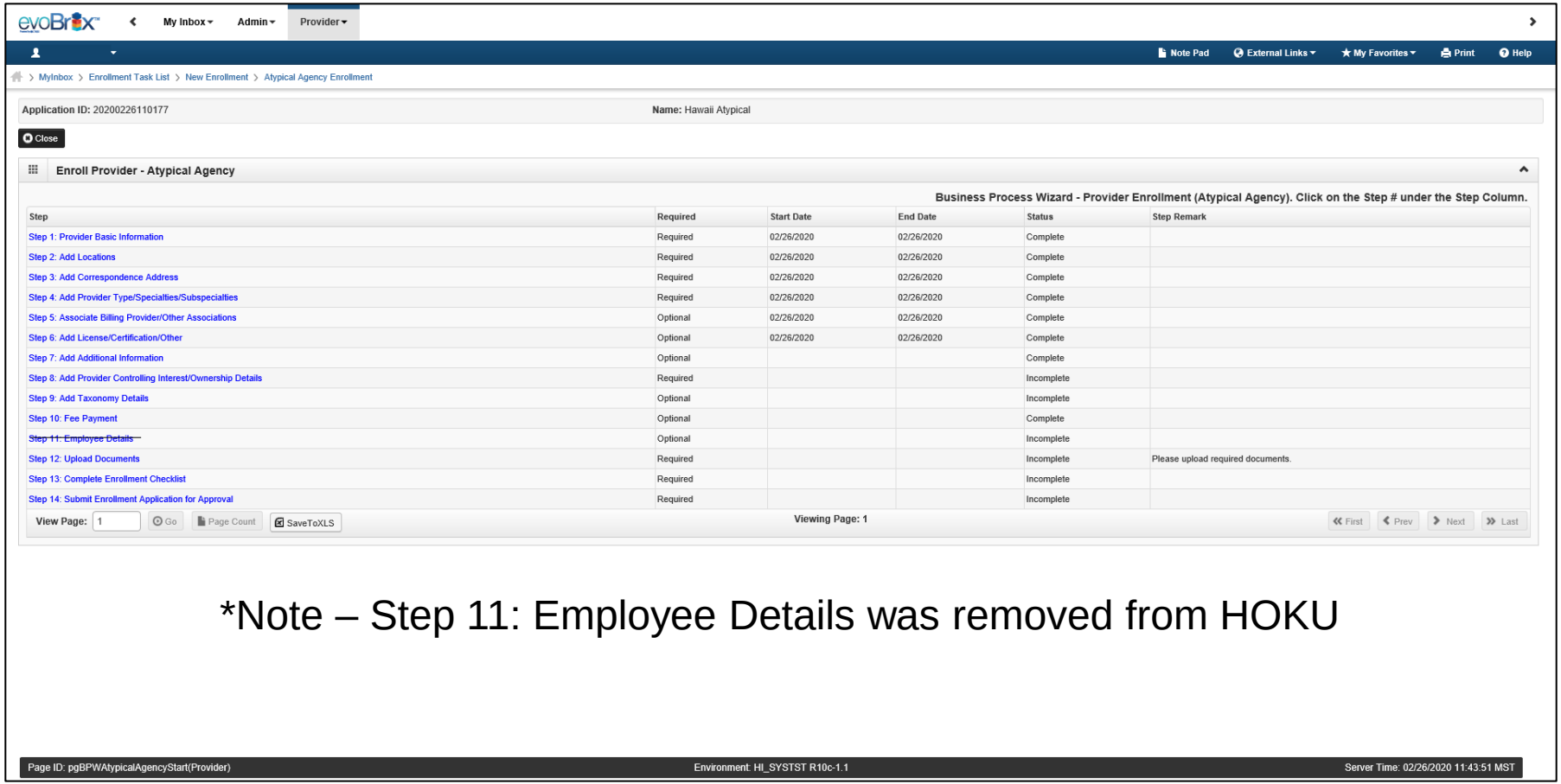
Confirm License/Certification/Other OK Cancel

Page ID: dlgEnrlmntAddLicense(Provider)

Add License/Certification

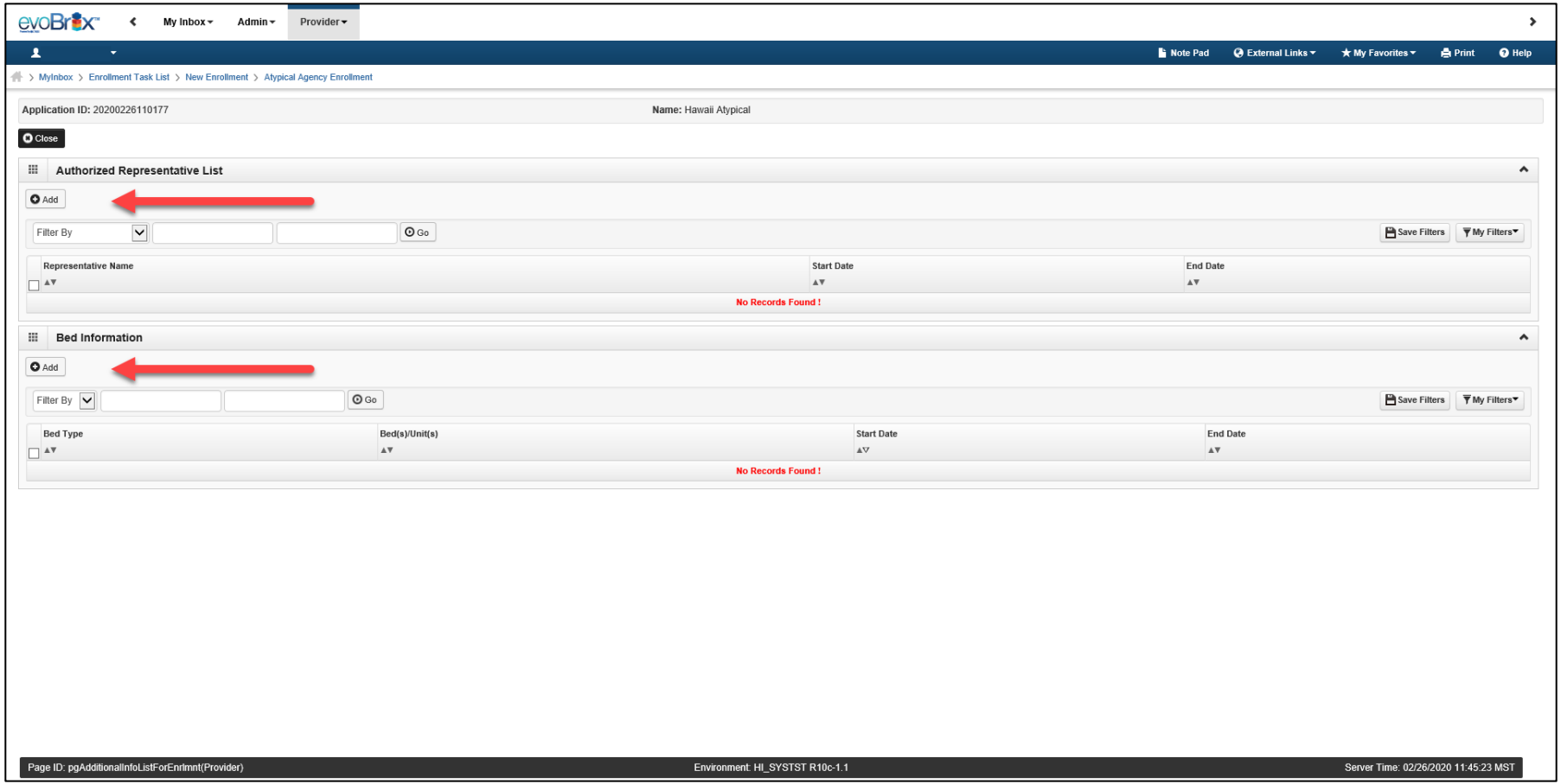


Step 7: Add Additional Information

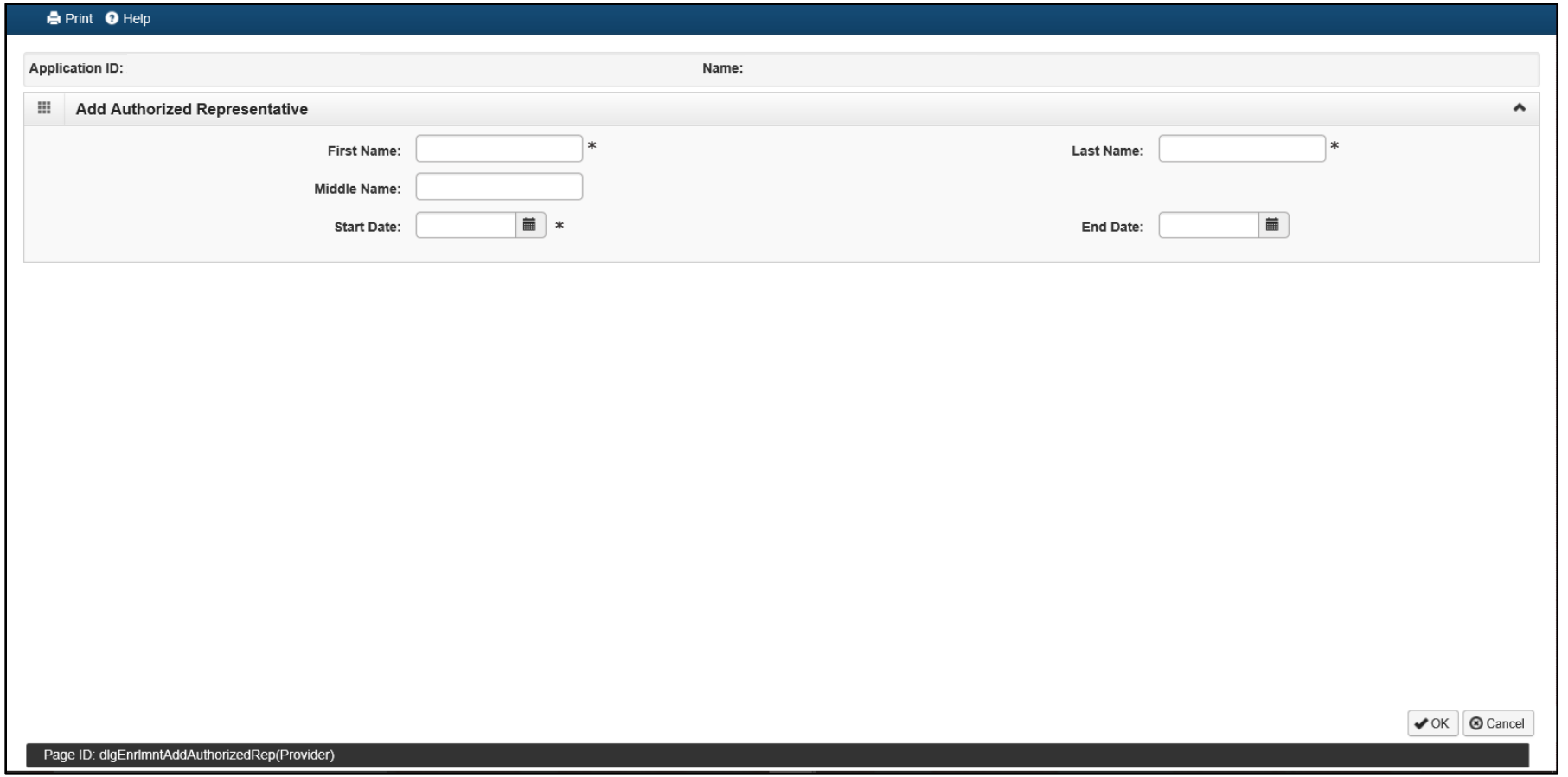


*Note – Step 11: Employee Details was removed from HOKU

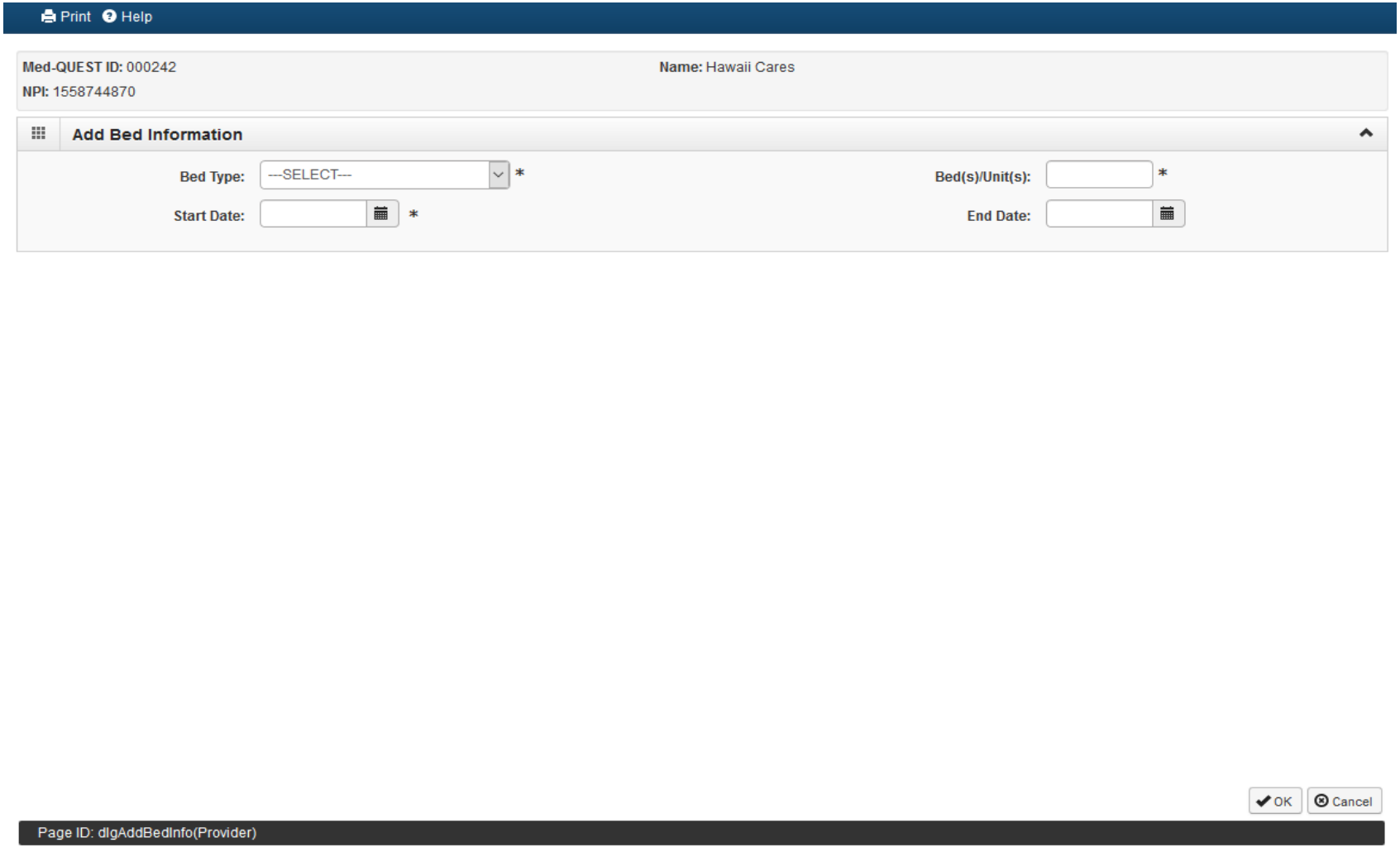
Add Additional Information



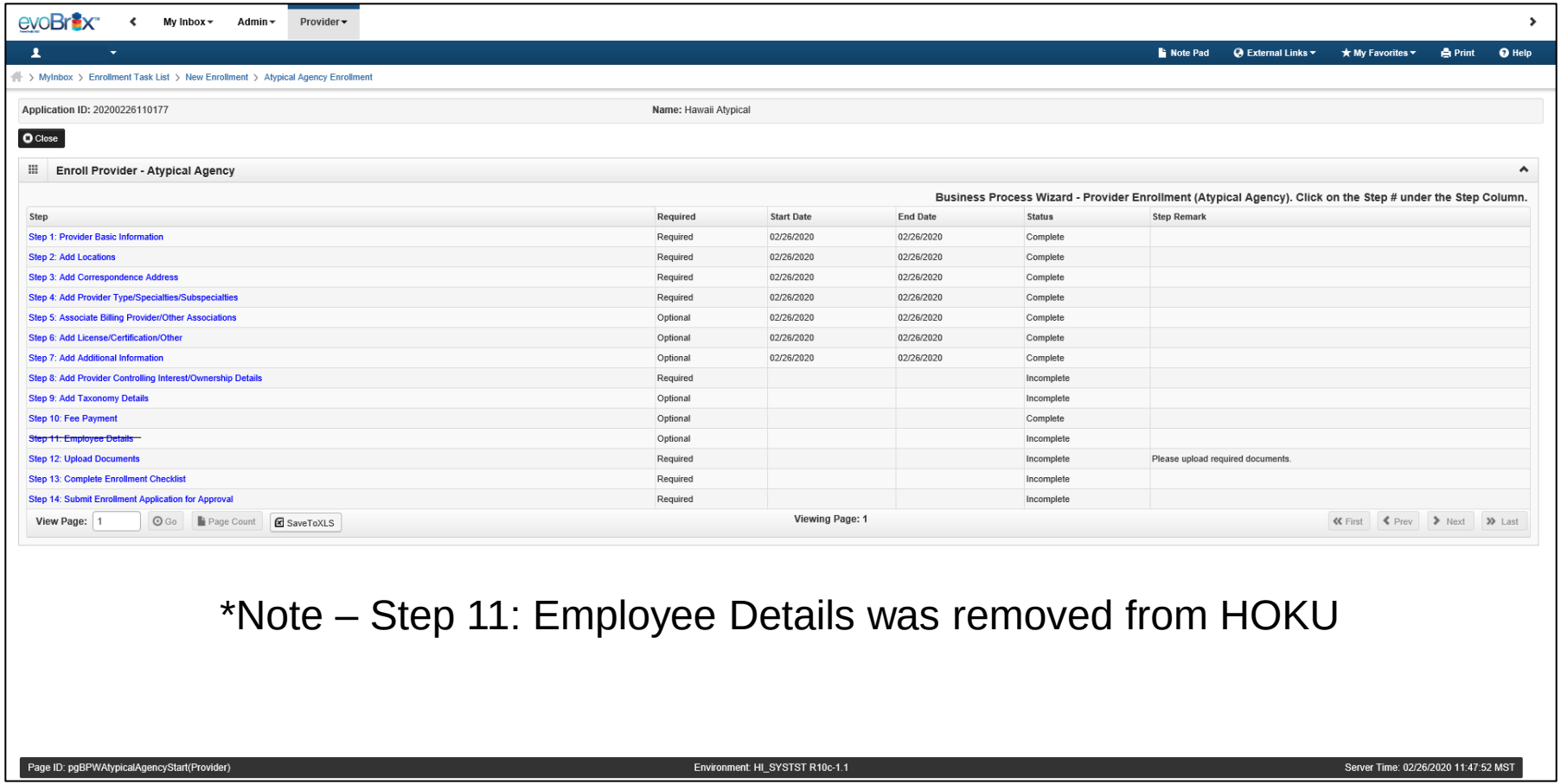
Add Authorized R



Add Bed Information

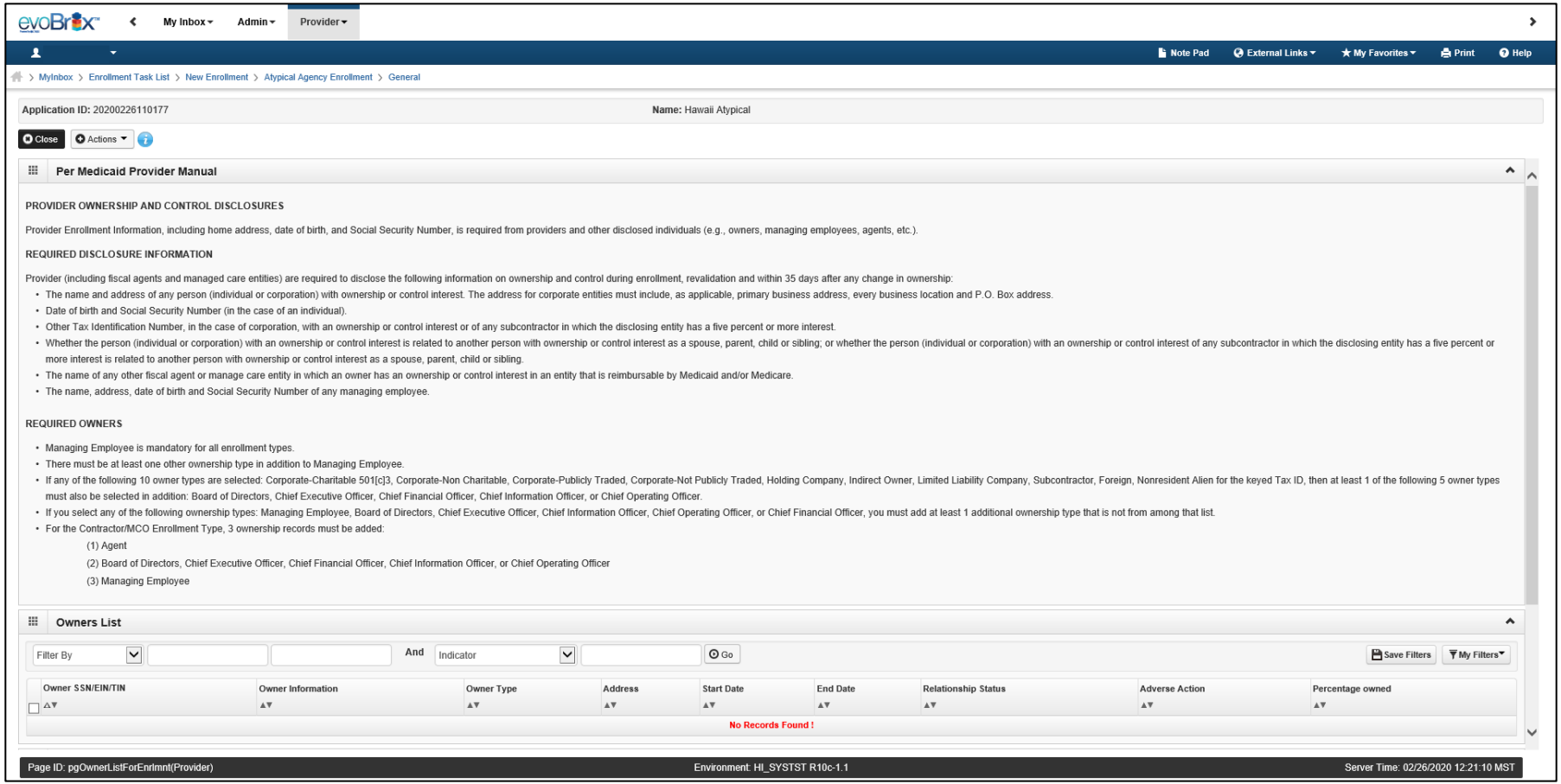


Step 8: Add Controlling Interest/Ownership Details

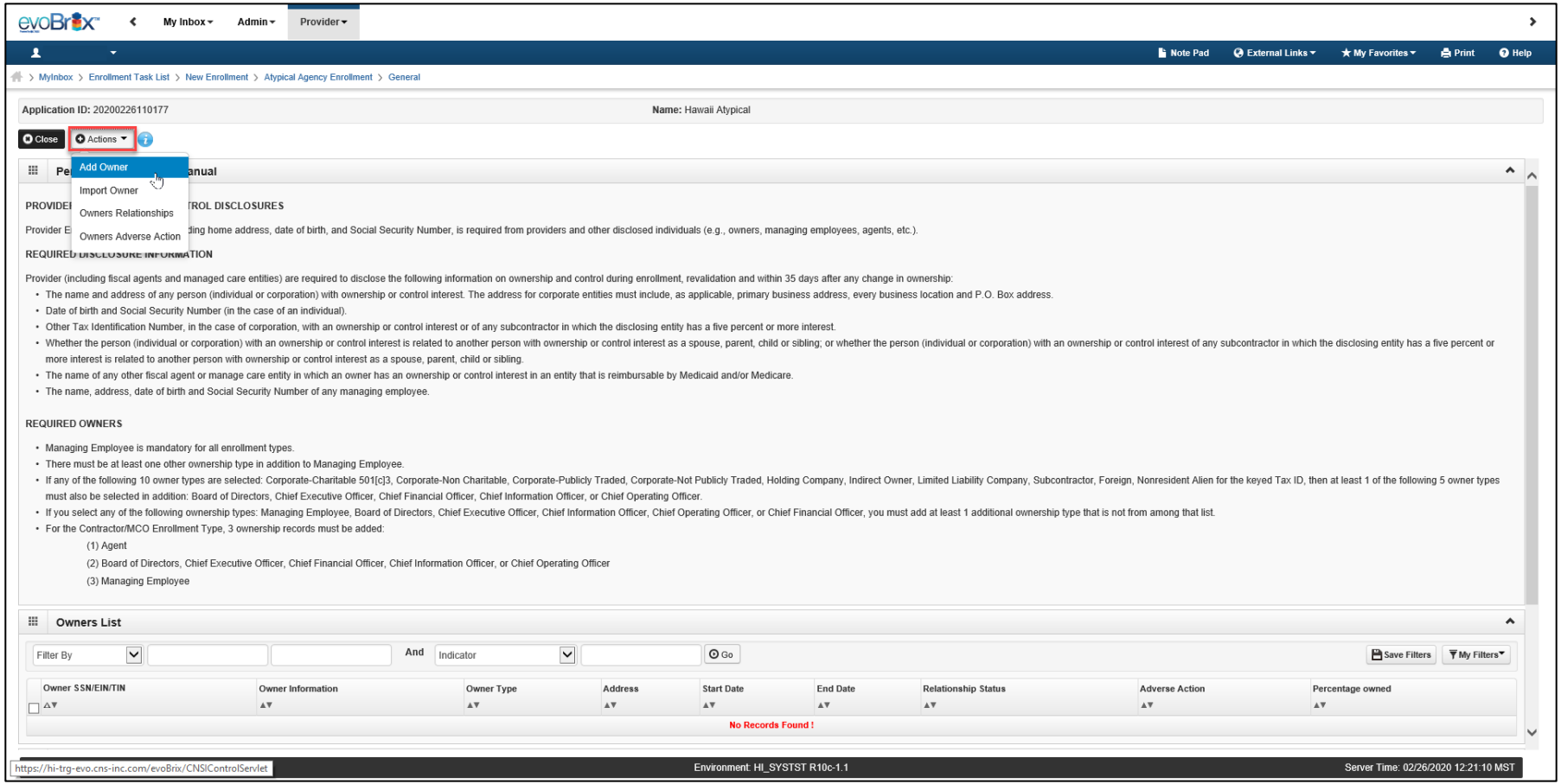


*Note – Step 11: Employee Details was removed from HOKU

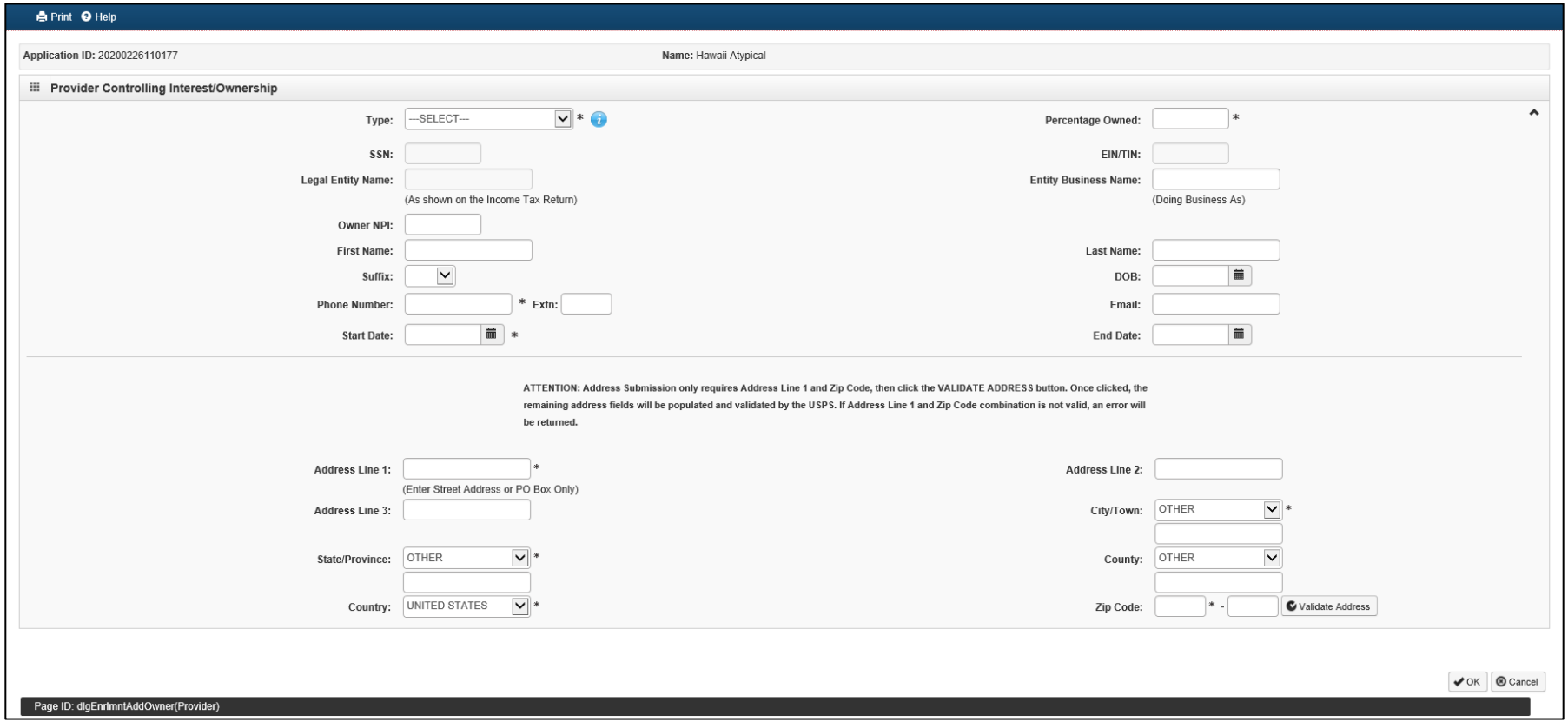
Add Controlling Interest/Ownership Details



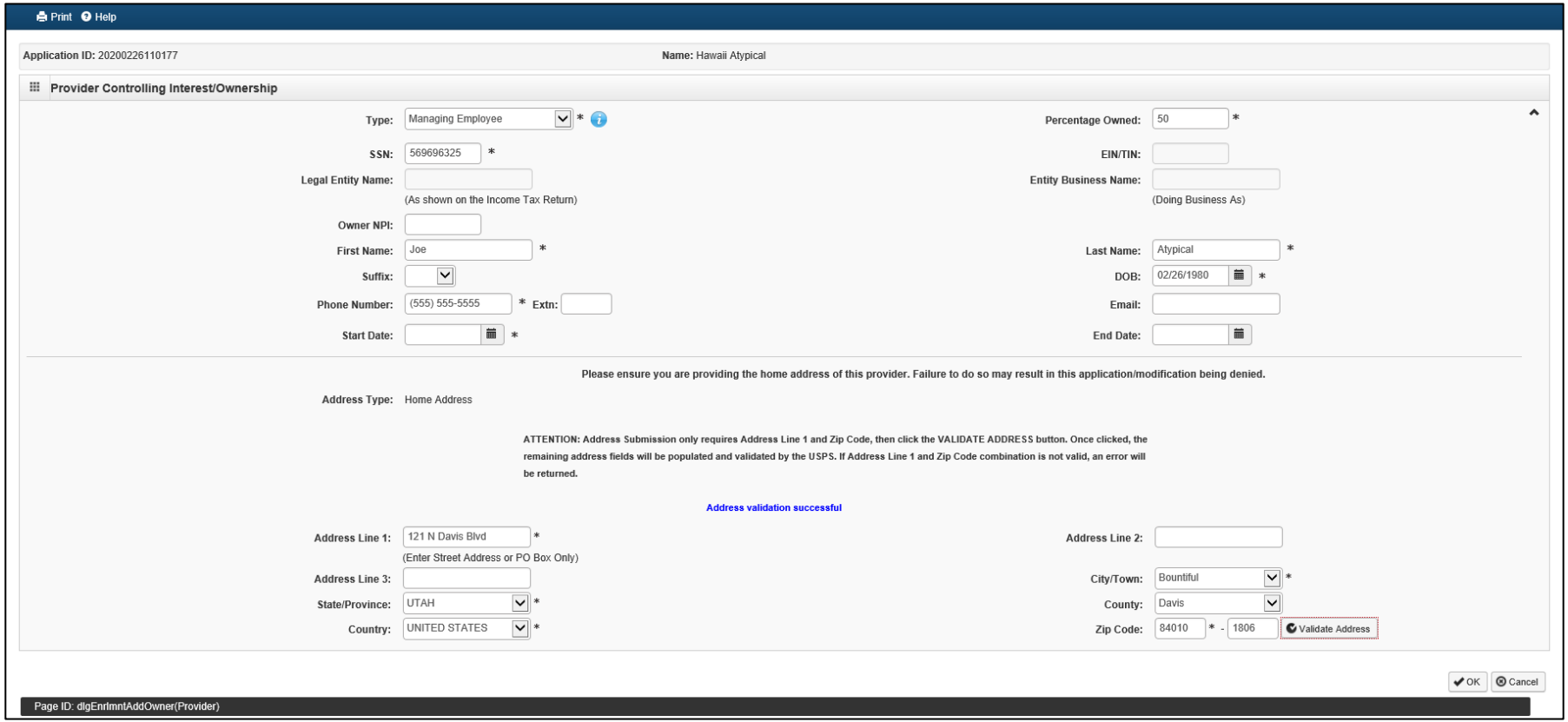
Add Owner



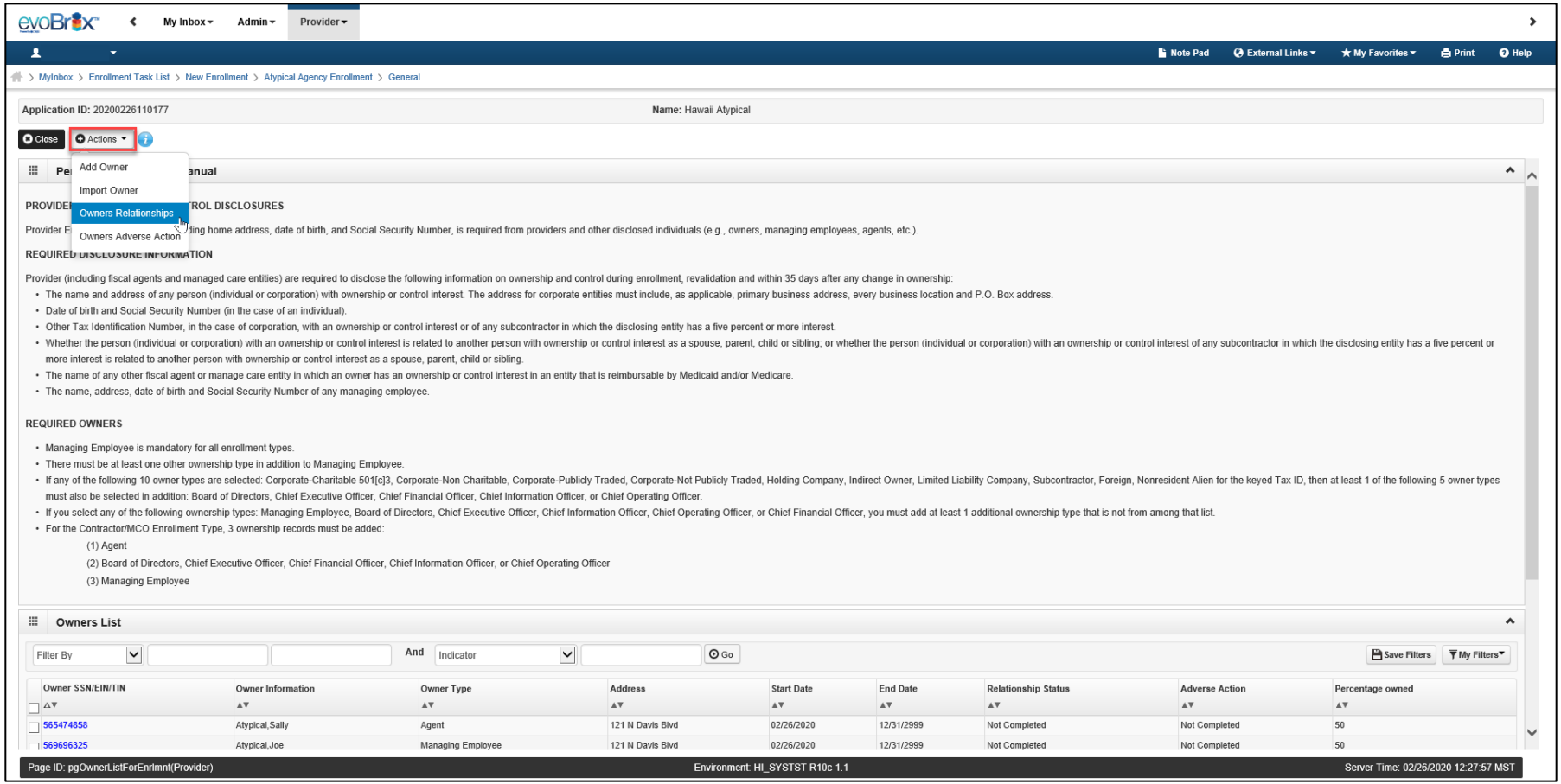
Add Ownership



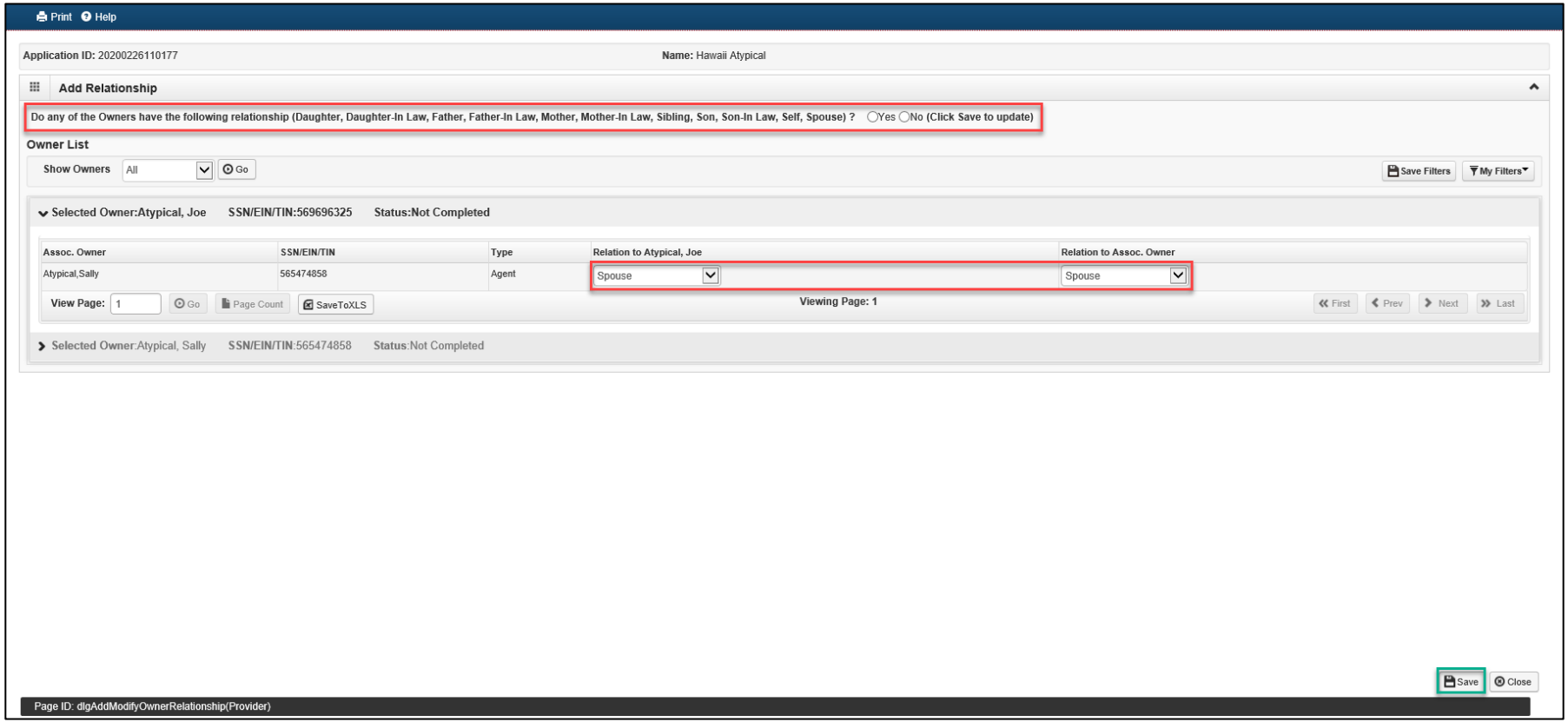
Add Ownership



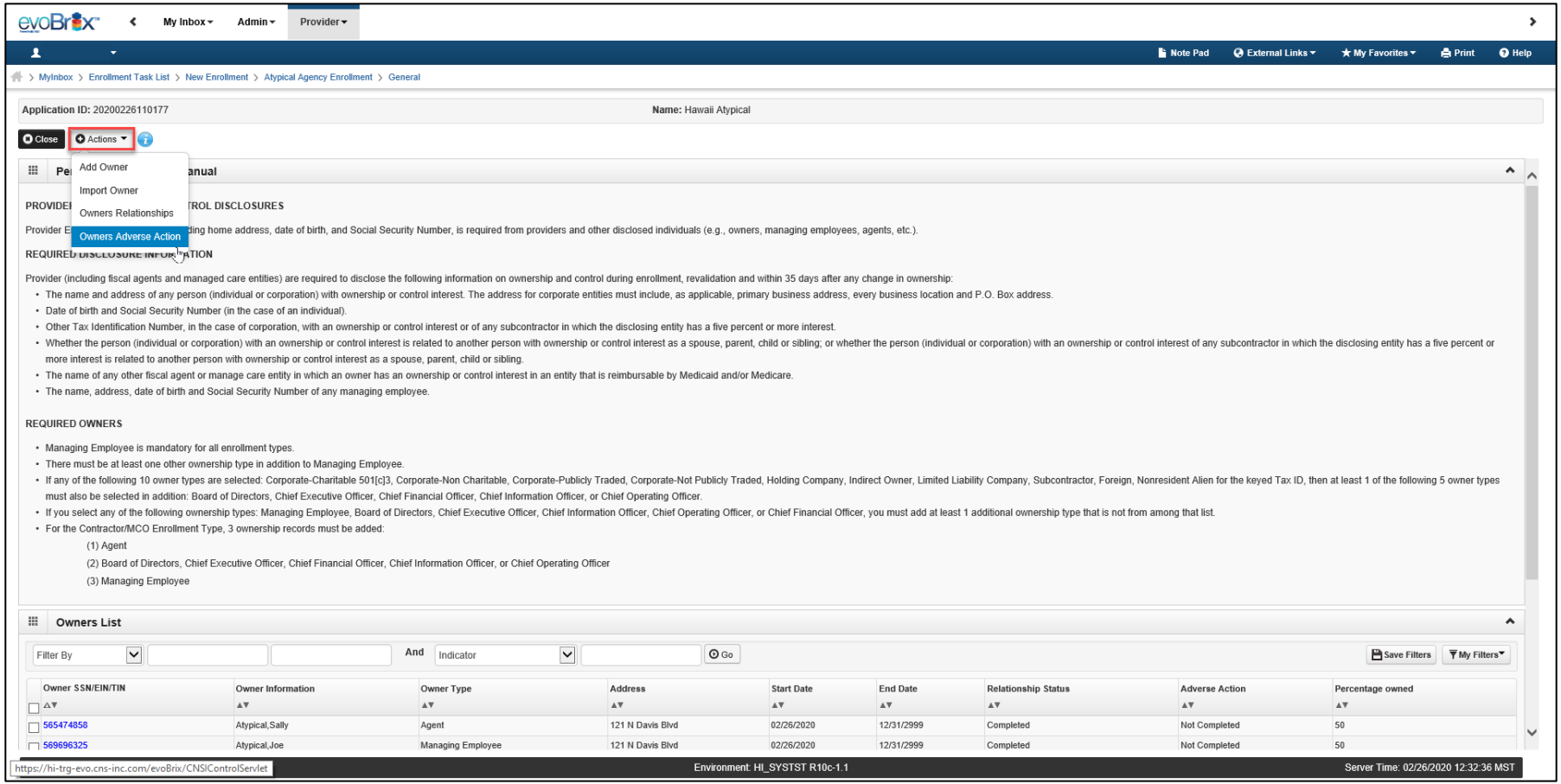
Add Owners Relationship



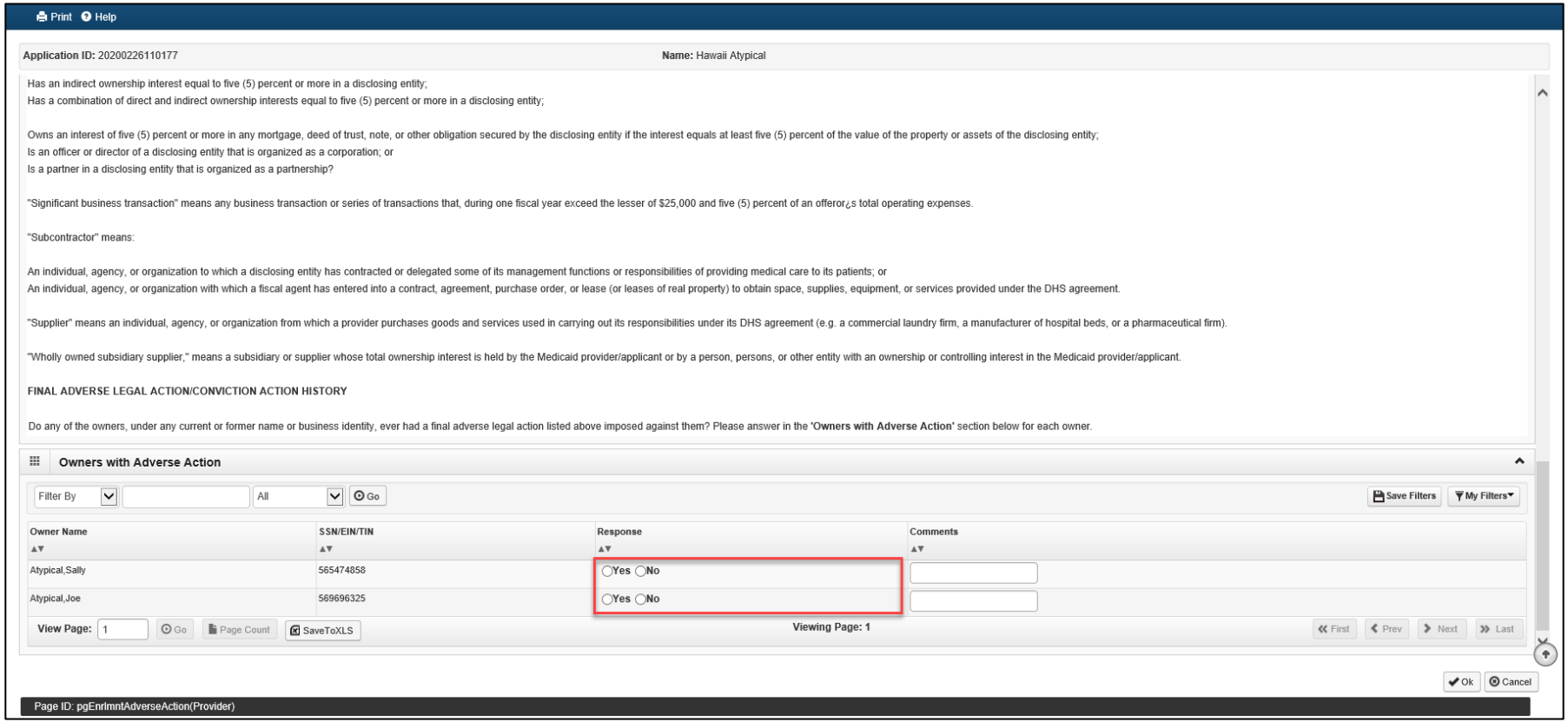
Add Owners Relationship



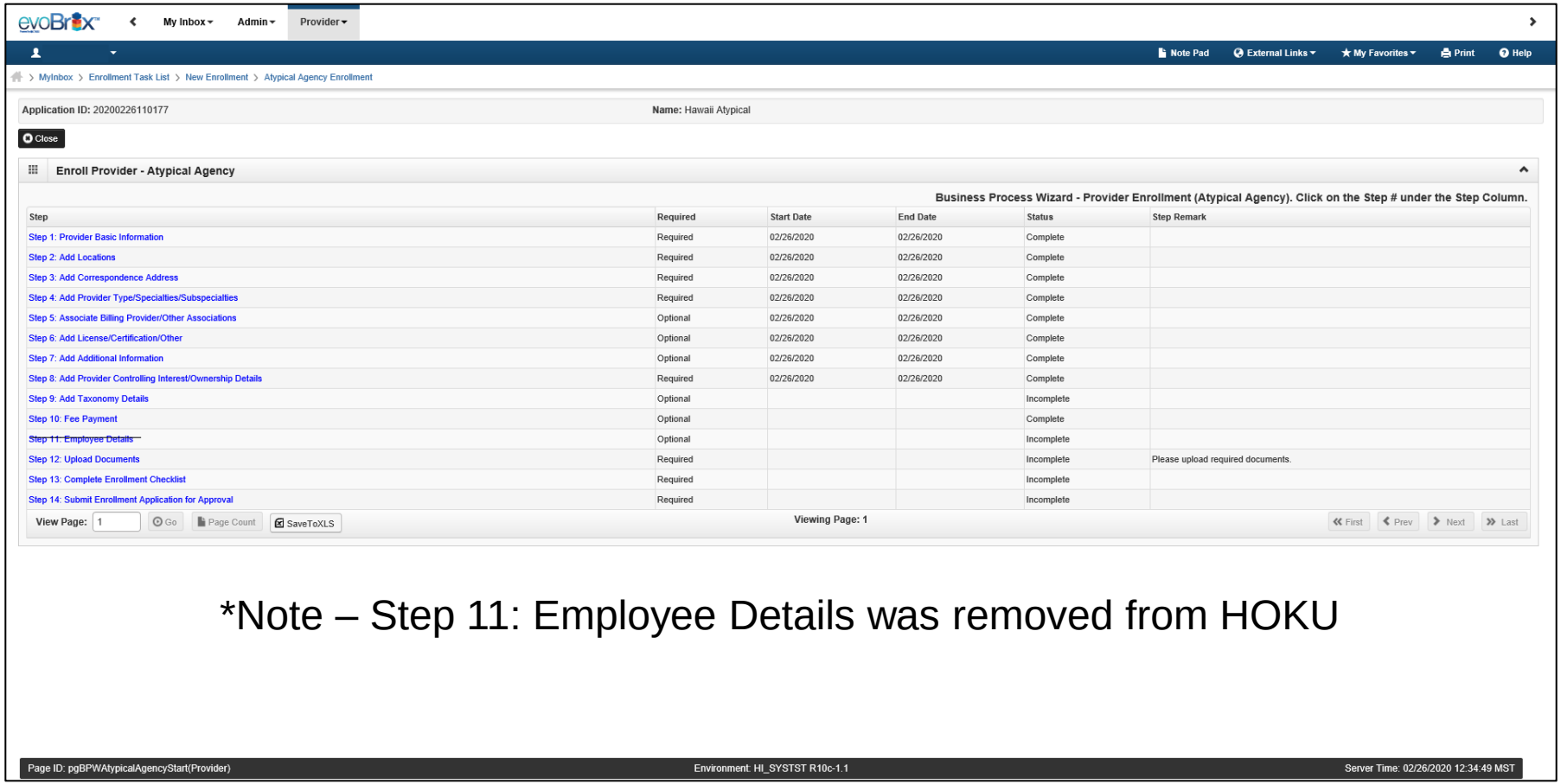
Complete Adverse Actions



Disclose Adverse Actions

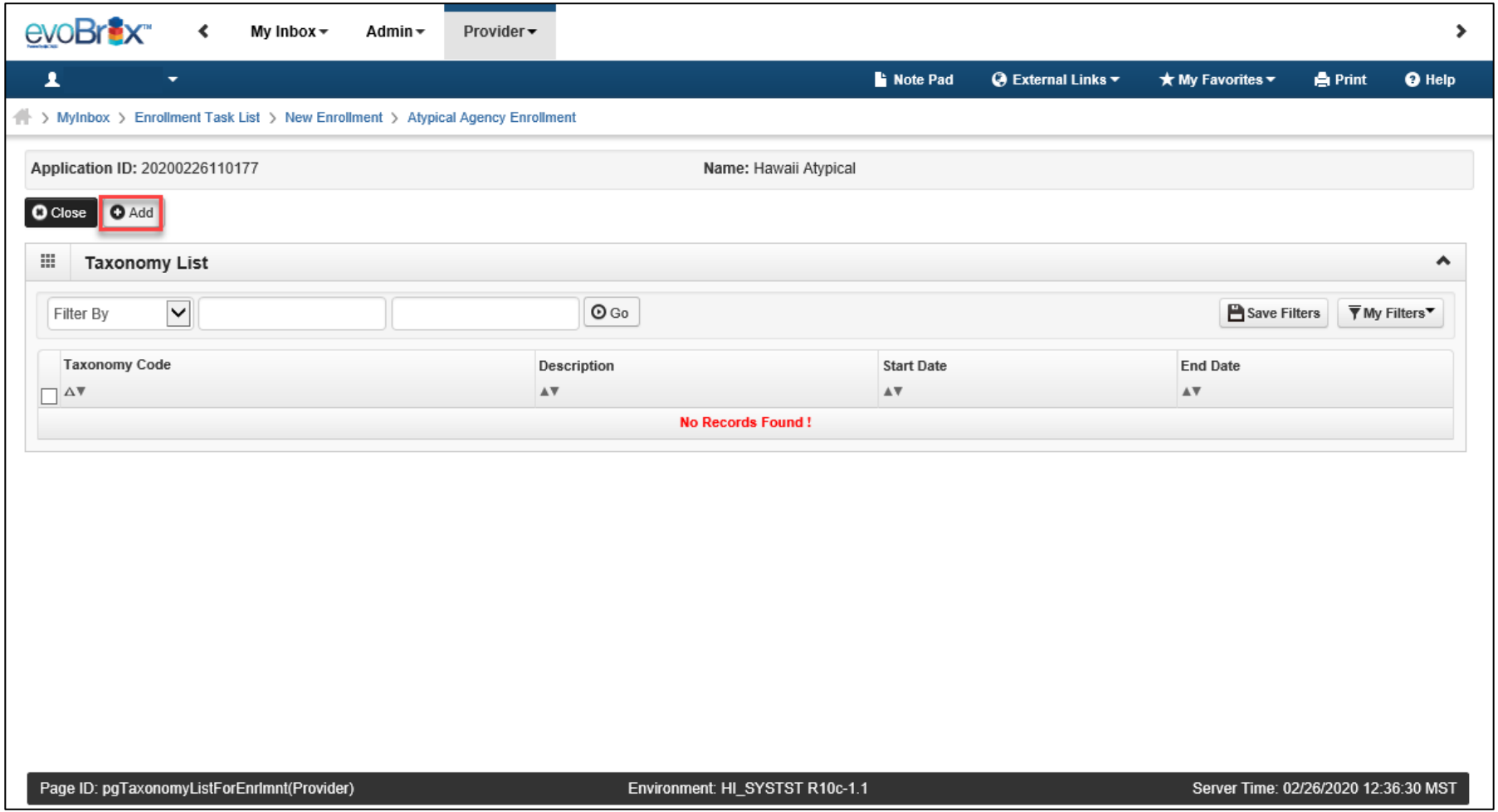


Step 9: Taxonomy Details

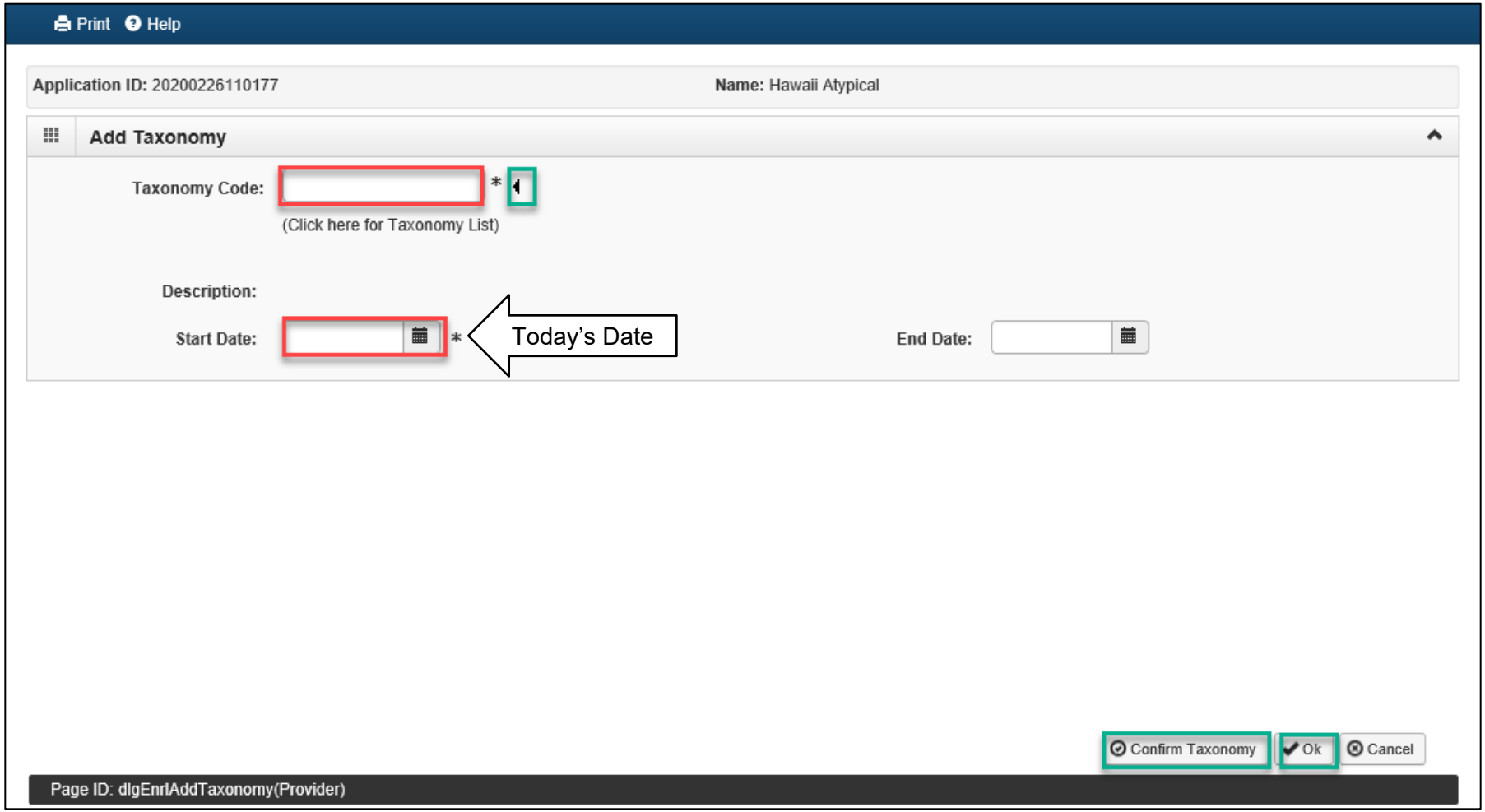


*Note – Step 11: Employee Details was removed from HOKU

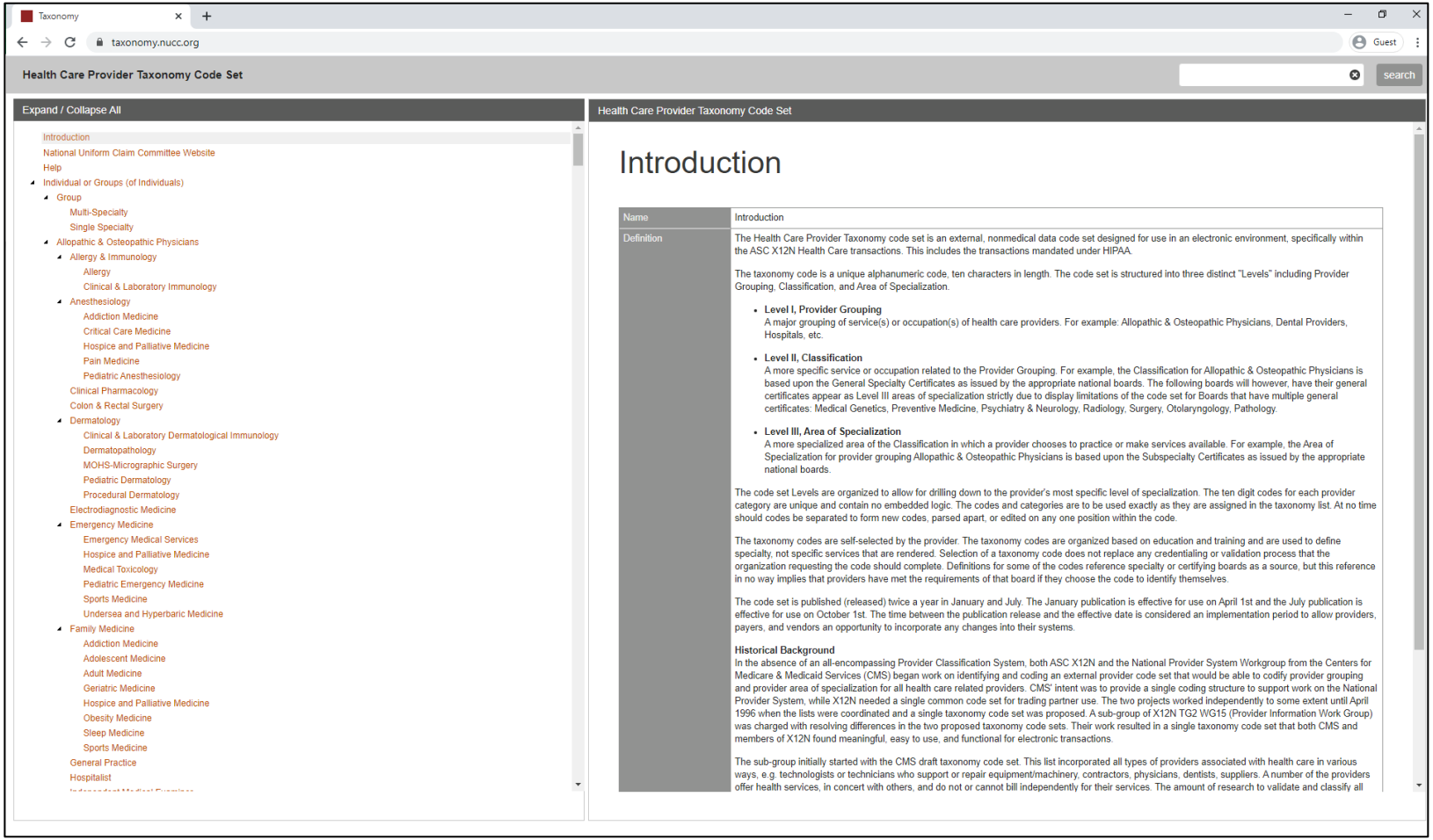
Add Taxonomy Details



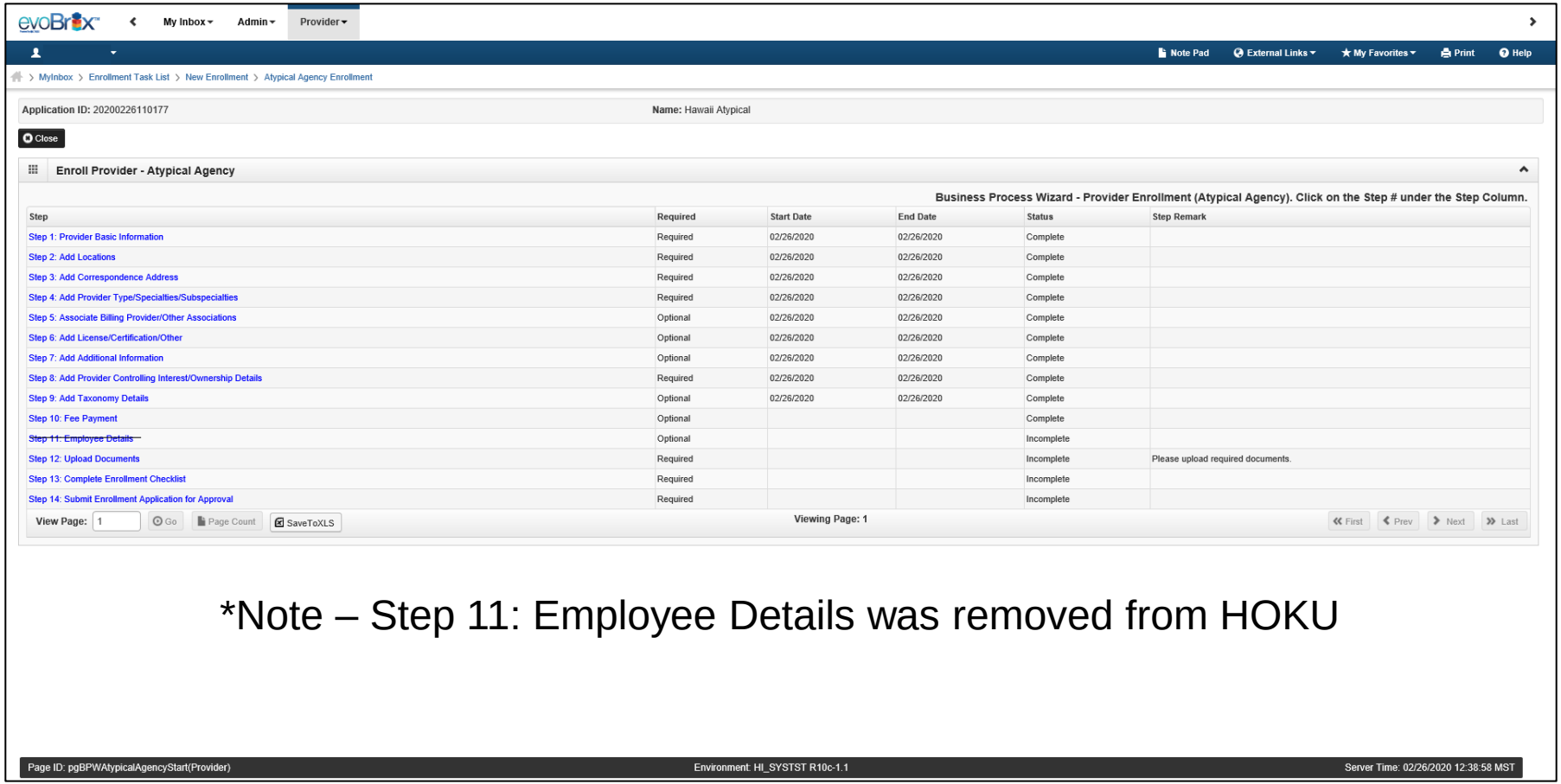
Add Taxonomy



NUCC Taxonomy Code List

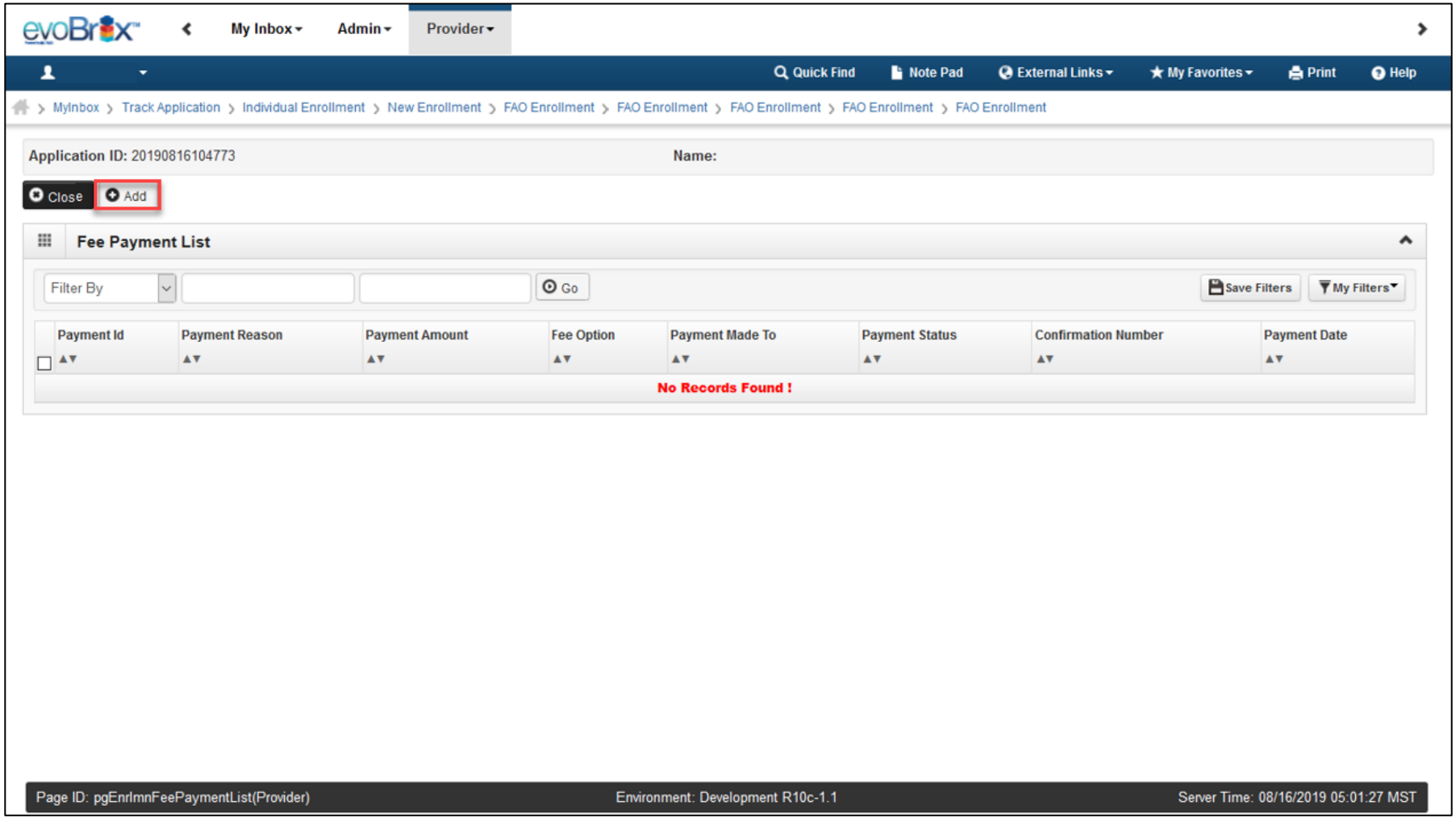


Step 10: Fee Payment

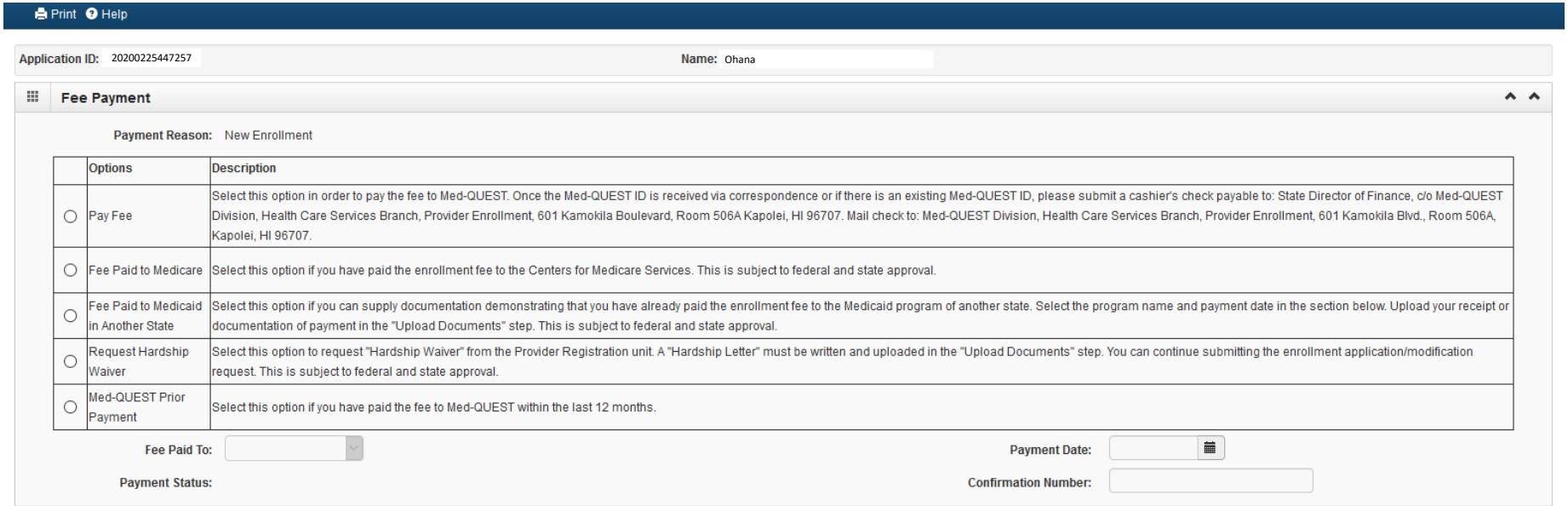


*Note – Step 11: Employee Details was removed from HOKU

Step 10: Fee Payment

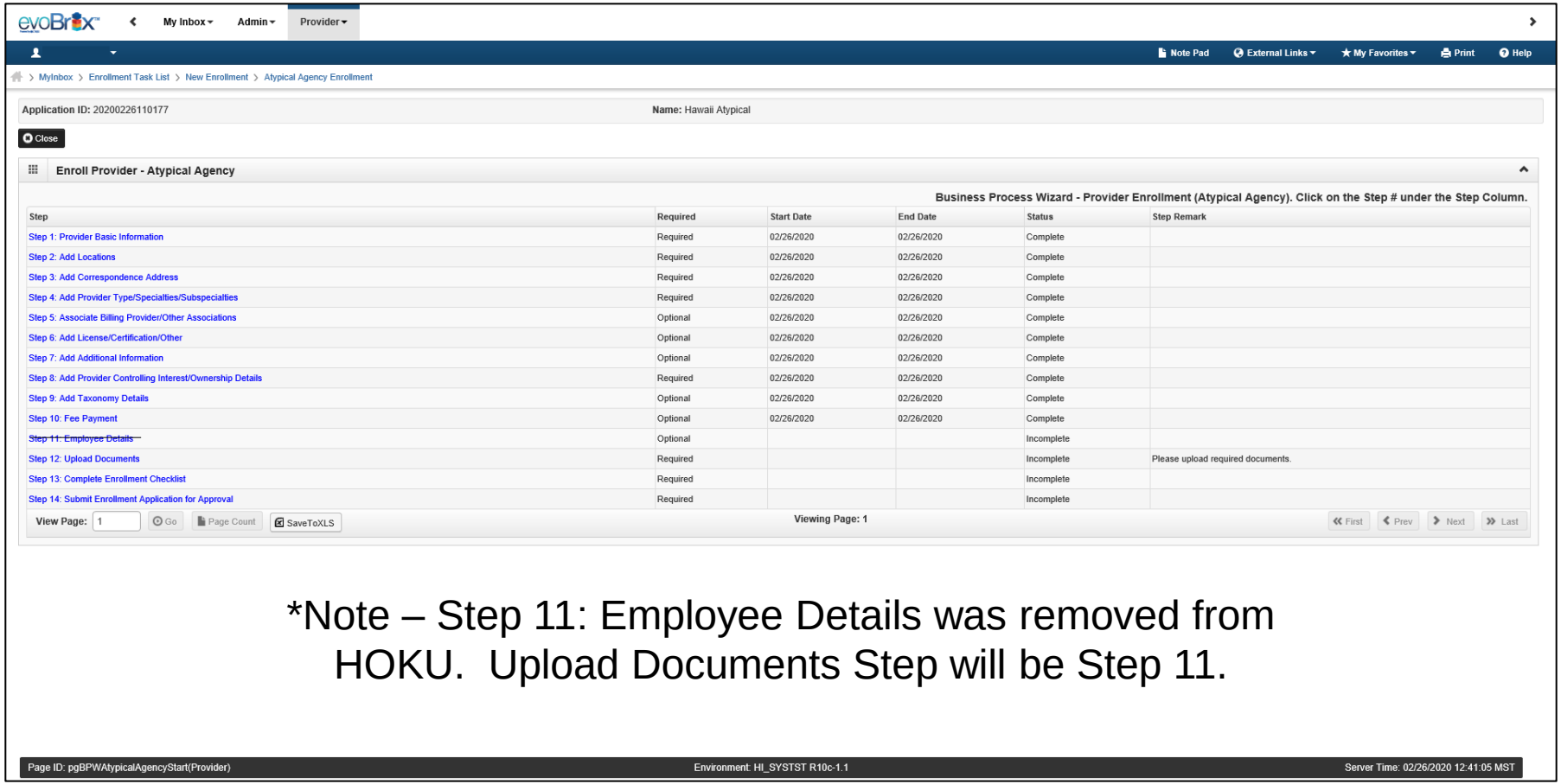


Fee Payment



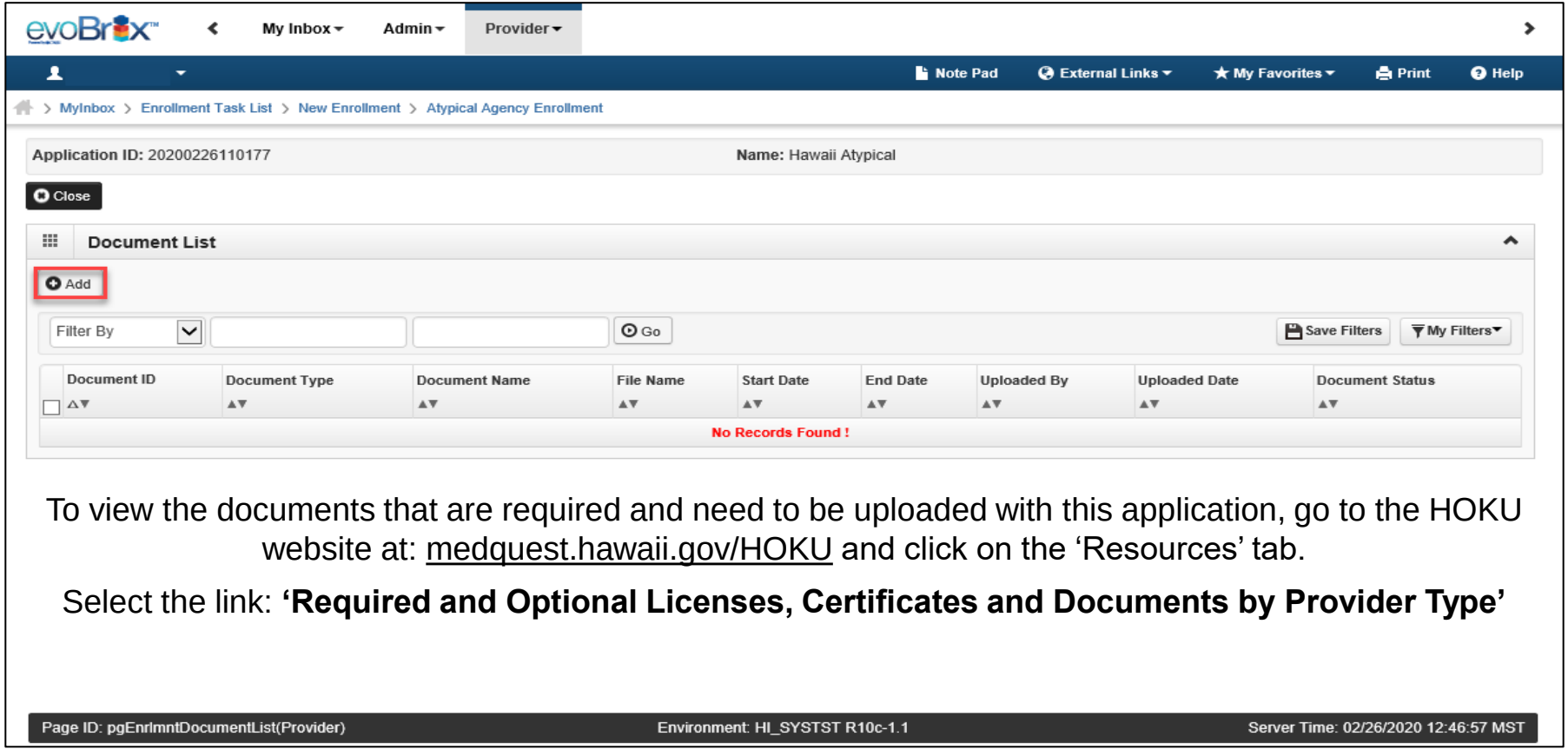
During the COVID-19 Public Health Emergency (PHE), Fee Payments will temporarily be waived. Select 'COVID-19 Waiver.' When the PHE is over, Med-QUEST will send out a correspondence informing providers to mail in their Fee Payment.

Step 11: Upload Documents



*Note – Step 11: Employee Details was removed from HOKU. Upload Documents Step will be Step 11.

Step 11: Upload Documents

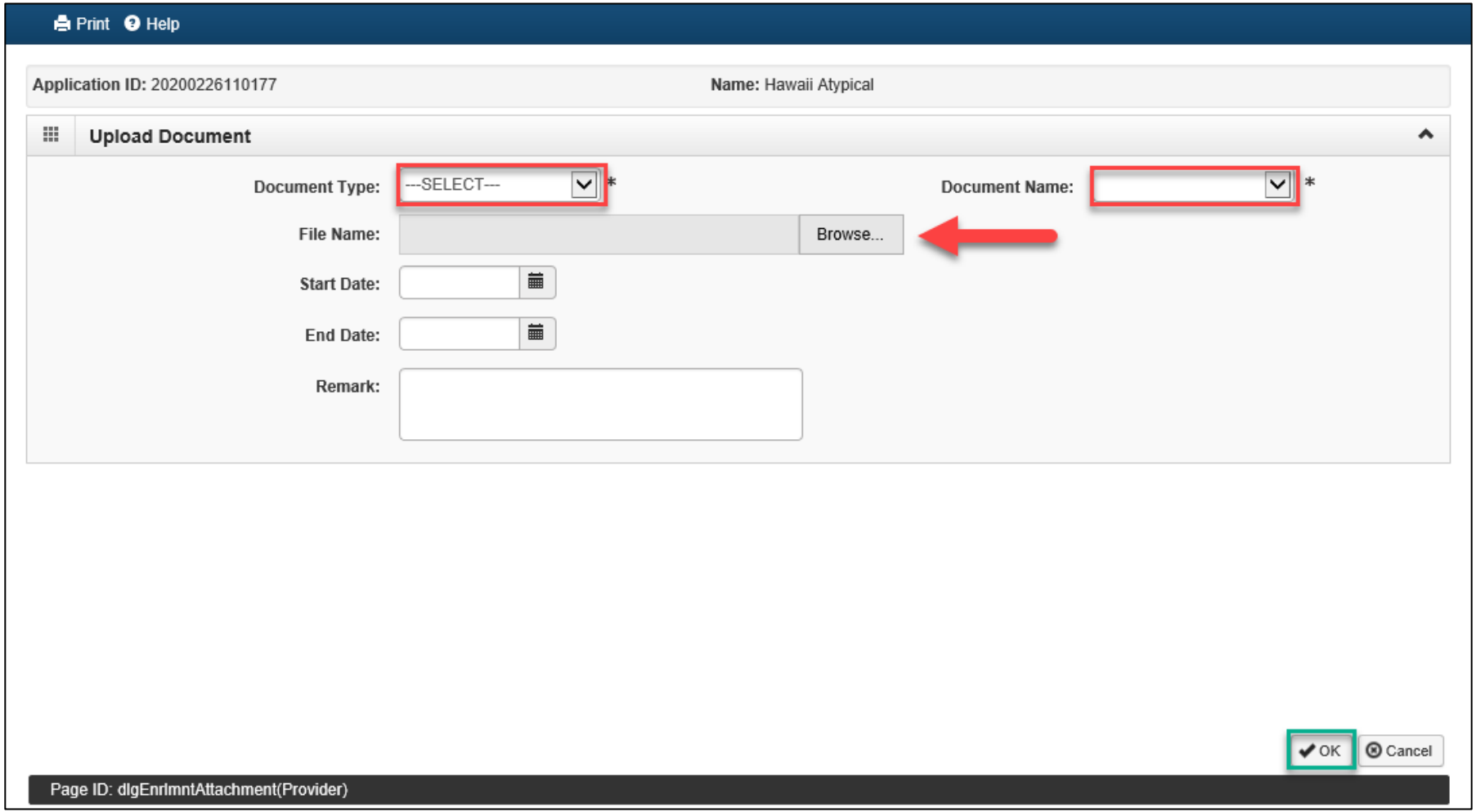


To view the documents that are required and need to be uploaded with this application, go to the HOKU website at: medquest.hawaii.gov/HOKU and click on the 'Resources' tab.

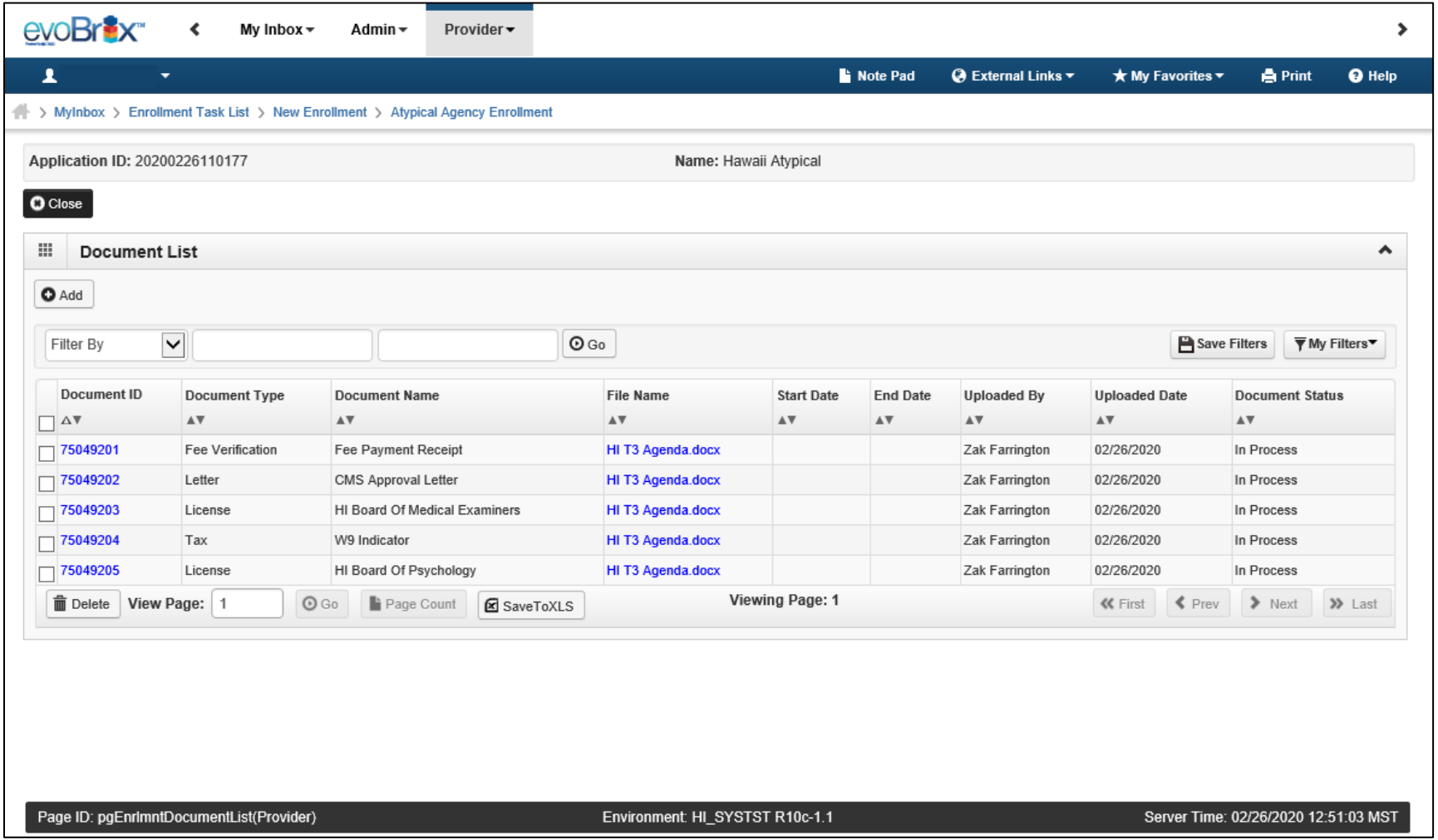
Select the link: **'Required and Optional Licenses, Certificates and Documents by Provider Type'**

Fingerprint-Based Criminal Background Check (FCBC) Determination Letter will be 'Optional' and temporarily waived during the COVID-19 Public Health Emergency (PHE). Once the PHE is over, Med-QUEST will send out a correspondence to providers that need to submit their FCBC Determination Letter.

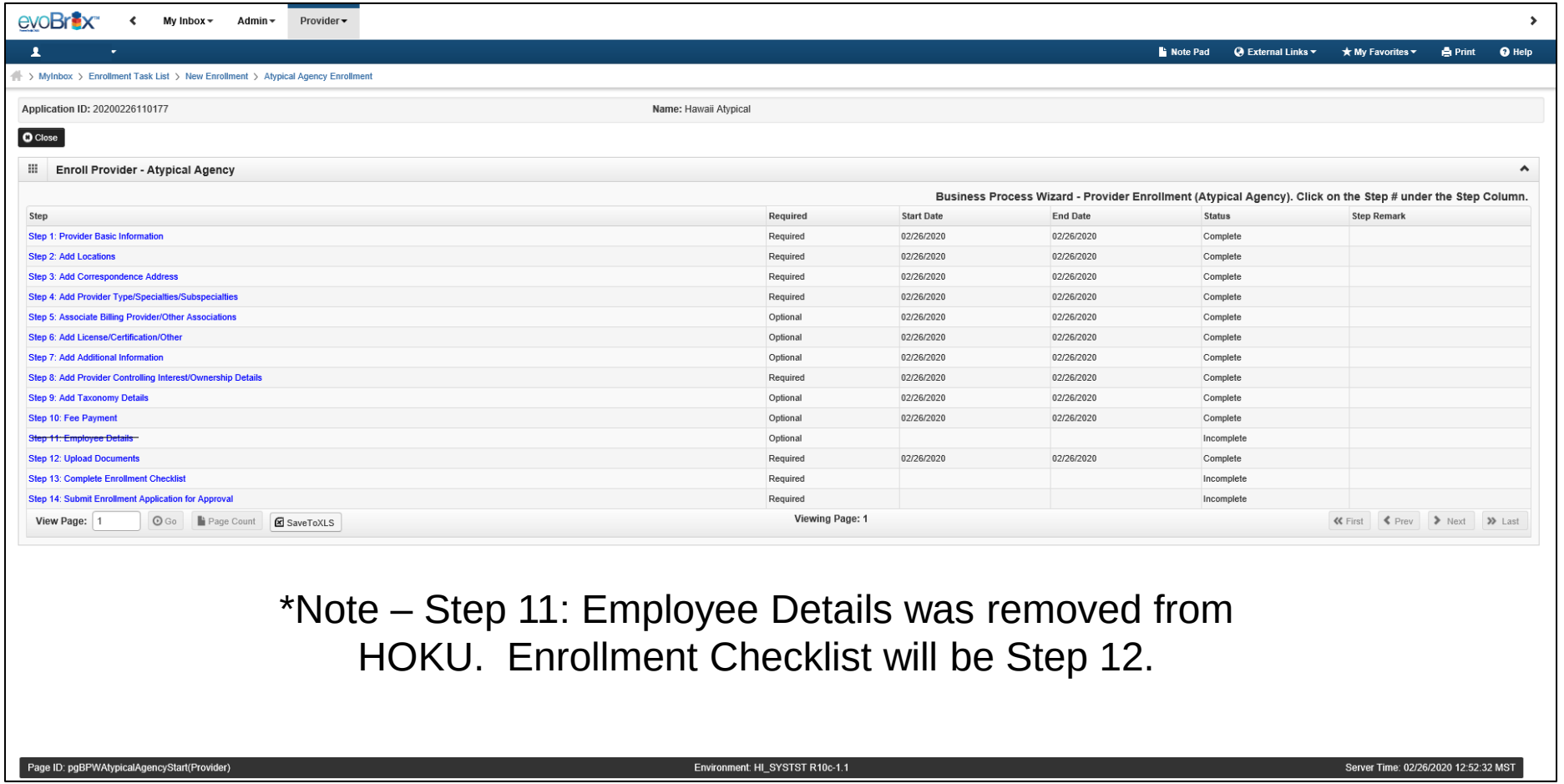
Upload Documents



Upload Documents

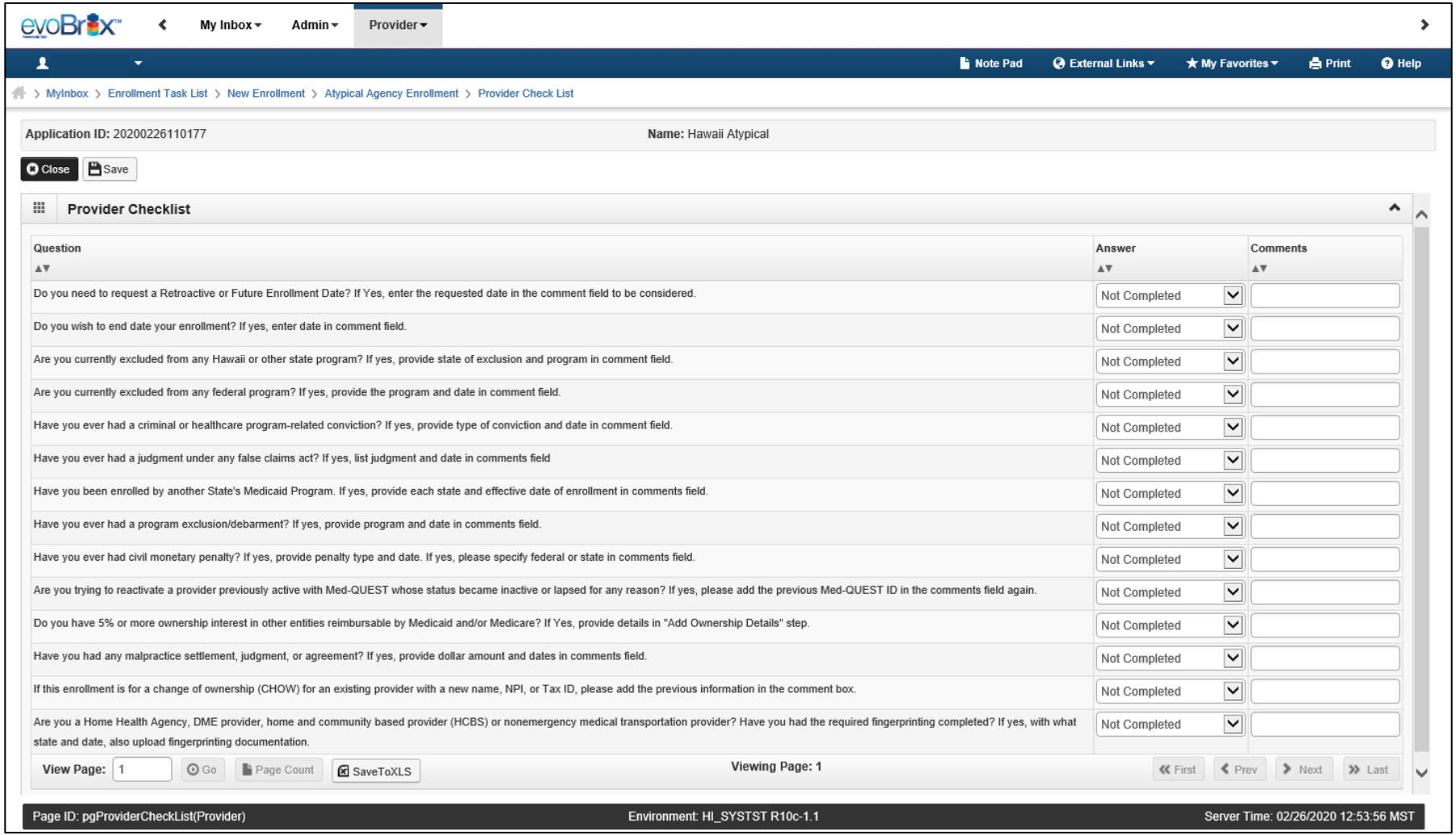


Step 12: Enrollment Checklist

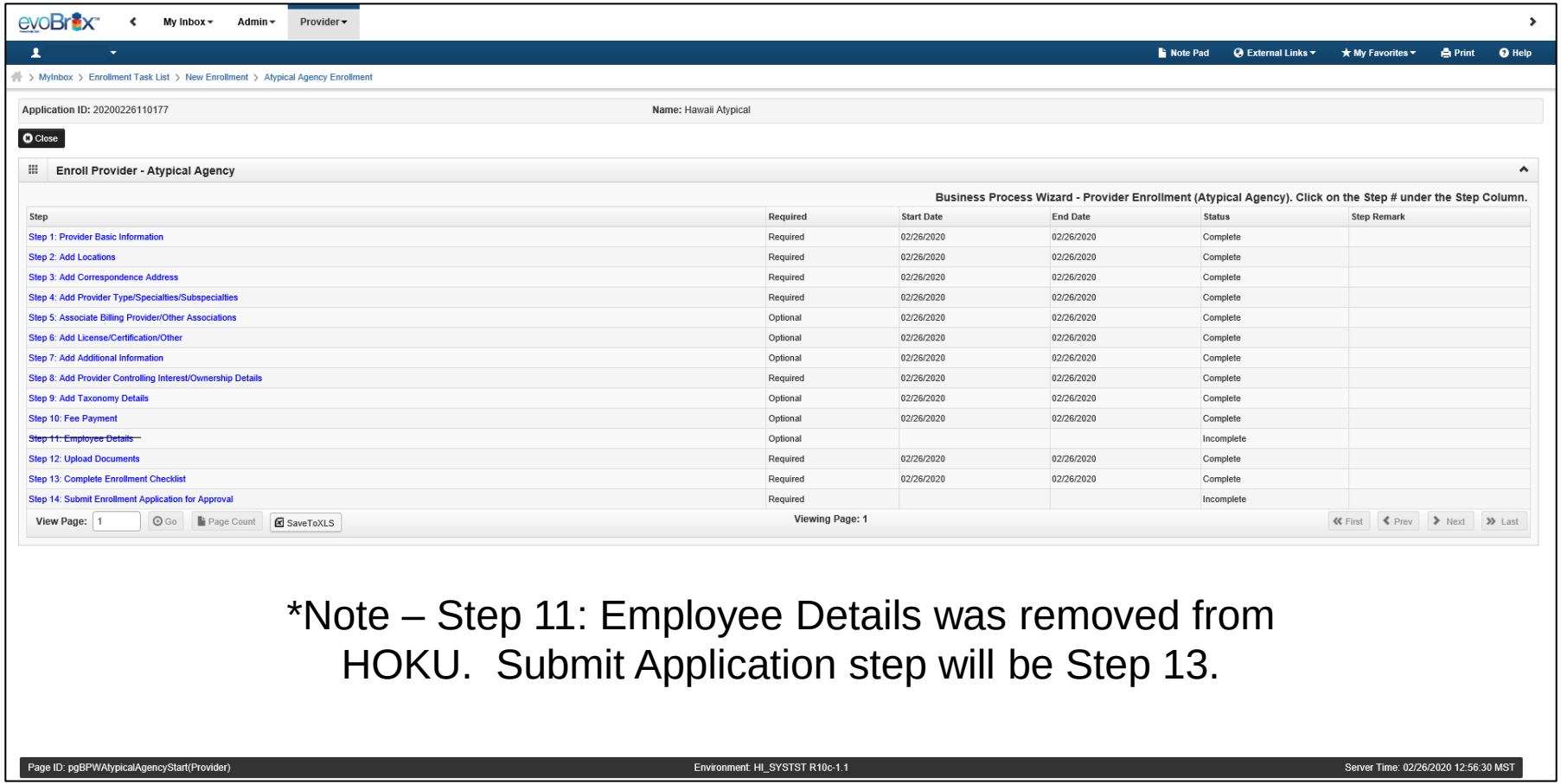


*Note – Step 11: Employee Details was removed from HOKU. Enrollment Checklist will be Step 12.

Enrollment Checklist

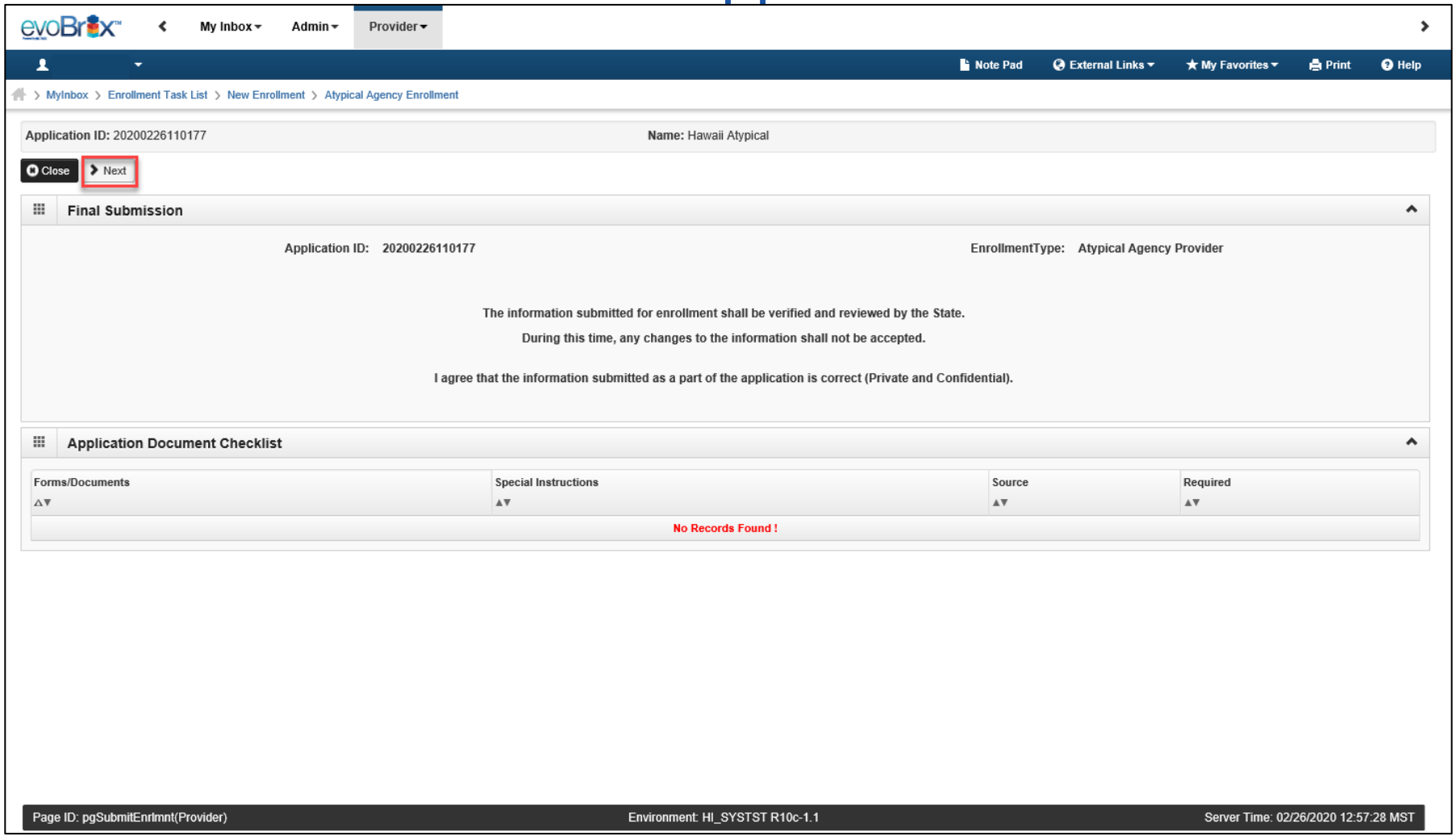


Step 13: Submit Application

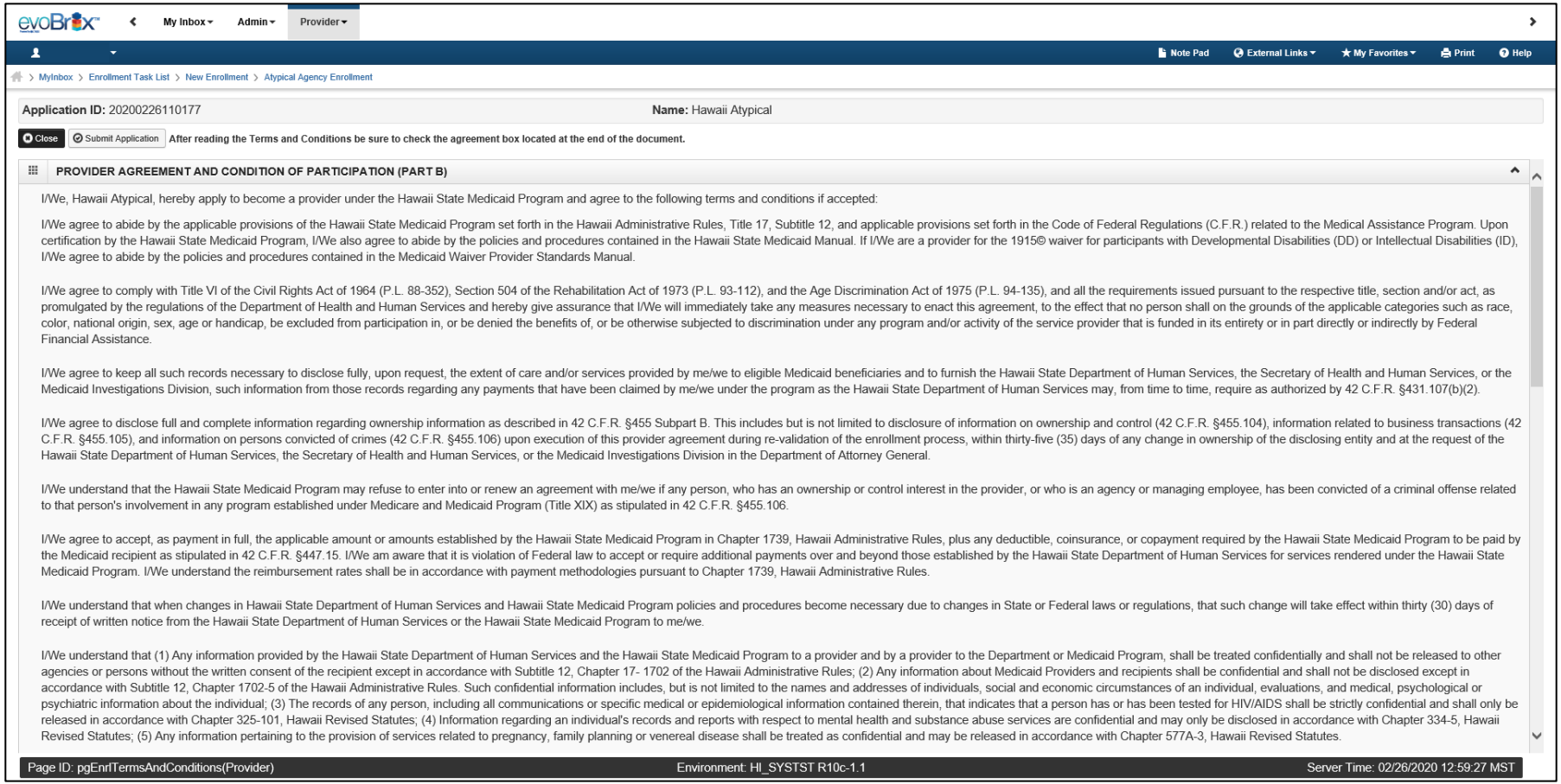


*Note – Step 11: Employee Details was removed from HOKU. Submit Application step will be Step 13.

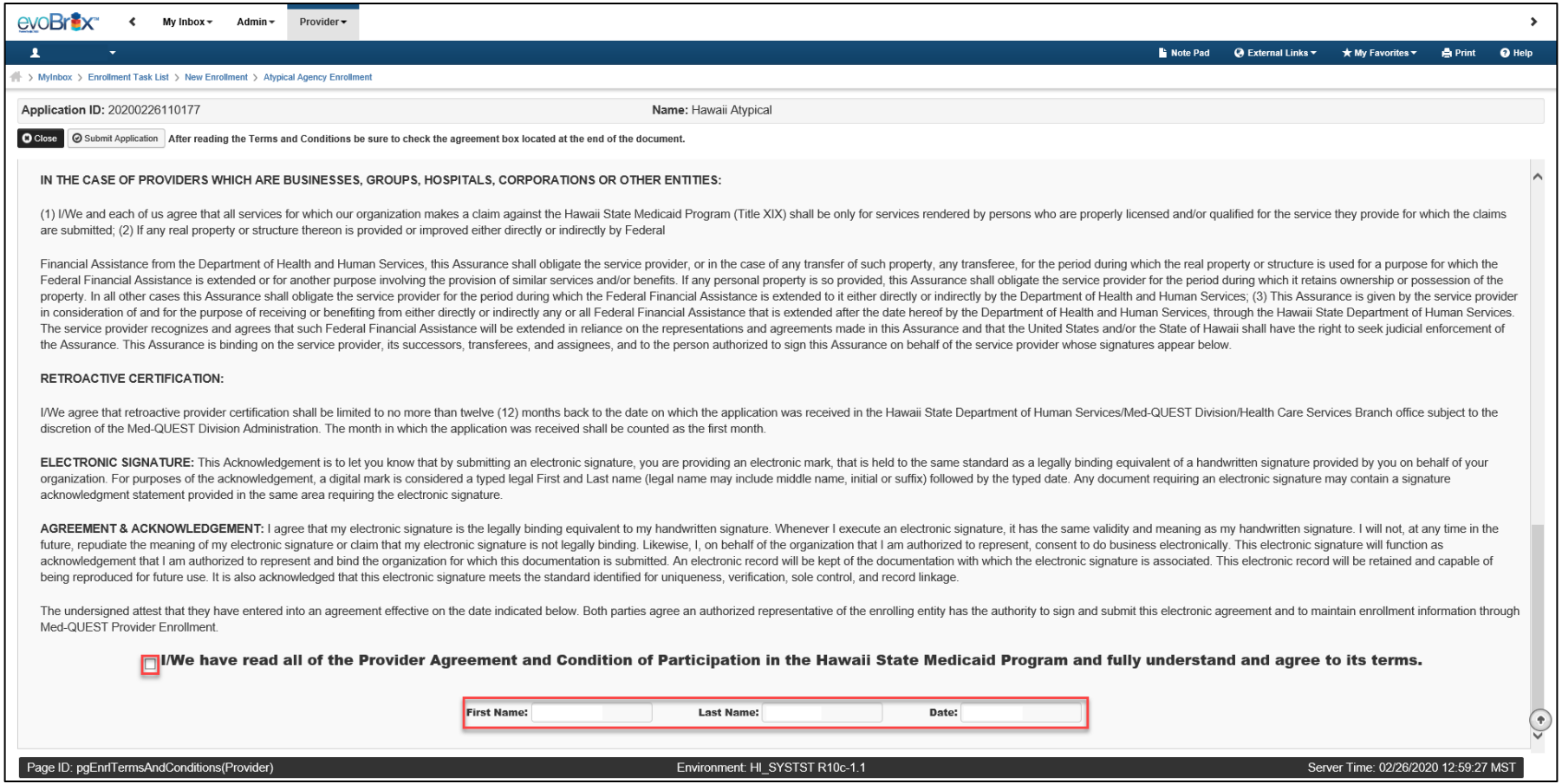
Submit Application



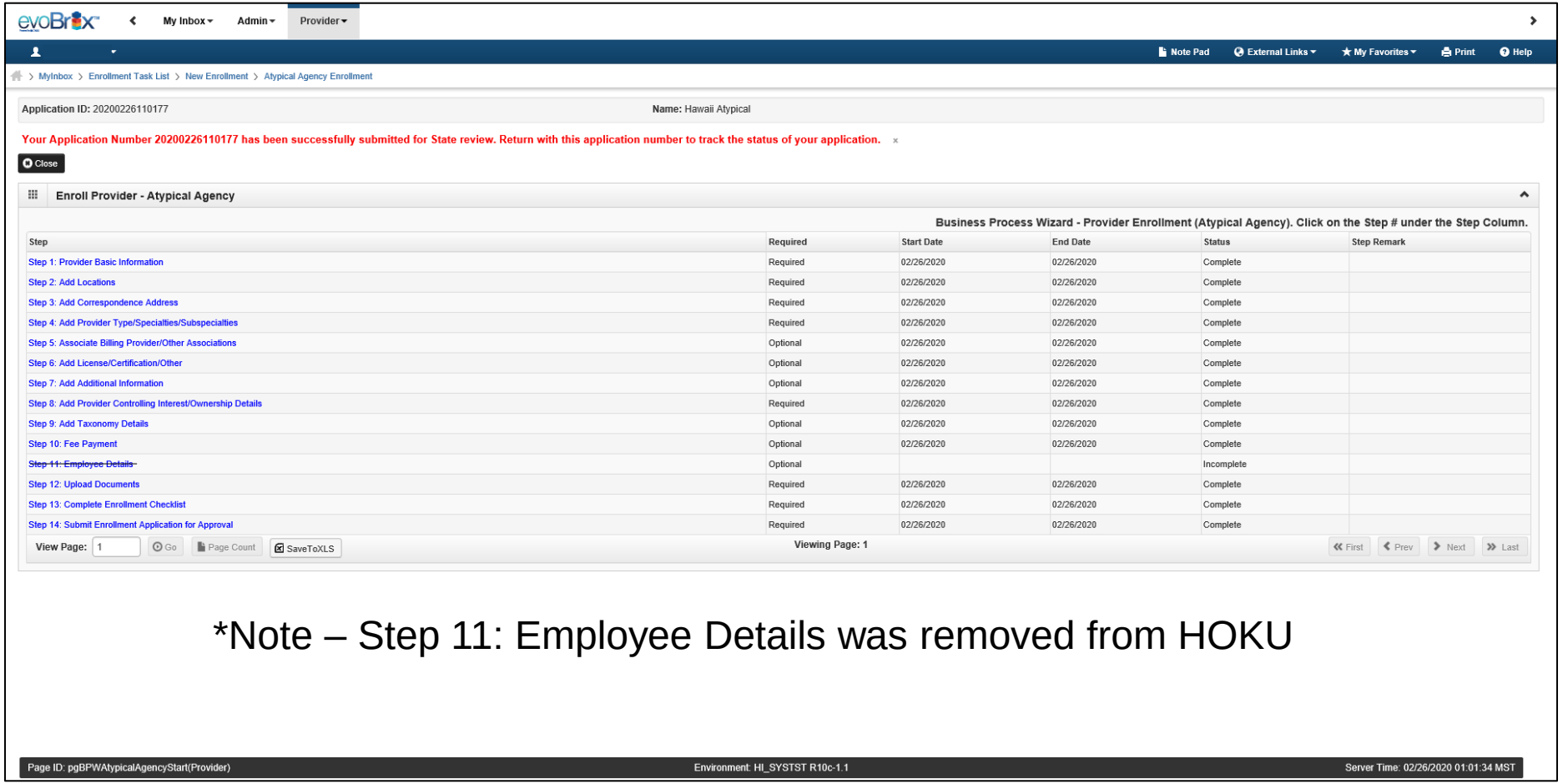
Review Provider Participation Agreement



Review Provider Participation Agreement



Submission Complete



*Note – Step 11: Employee Details was removed from HOKU

Contact Med-QUEST

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Thank You!

Persistence, Perseverance and Passion as always remains our credo.