CNSI innovation@work

Atypical Individual Enrollment

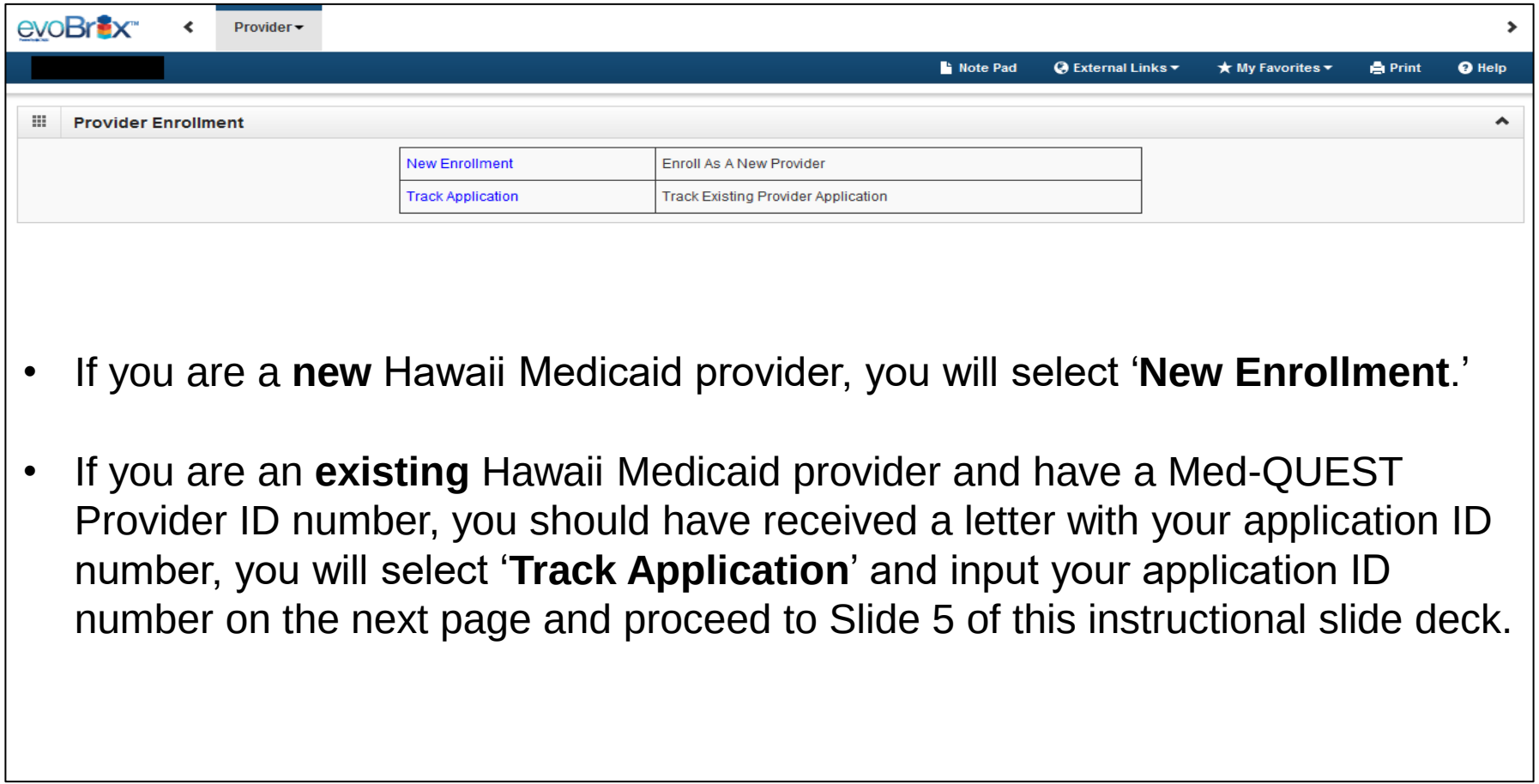
HOKU New Application Path

October 21, 2020

Selecting Atypical Individual Enrollment Type

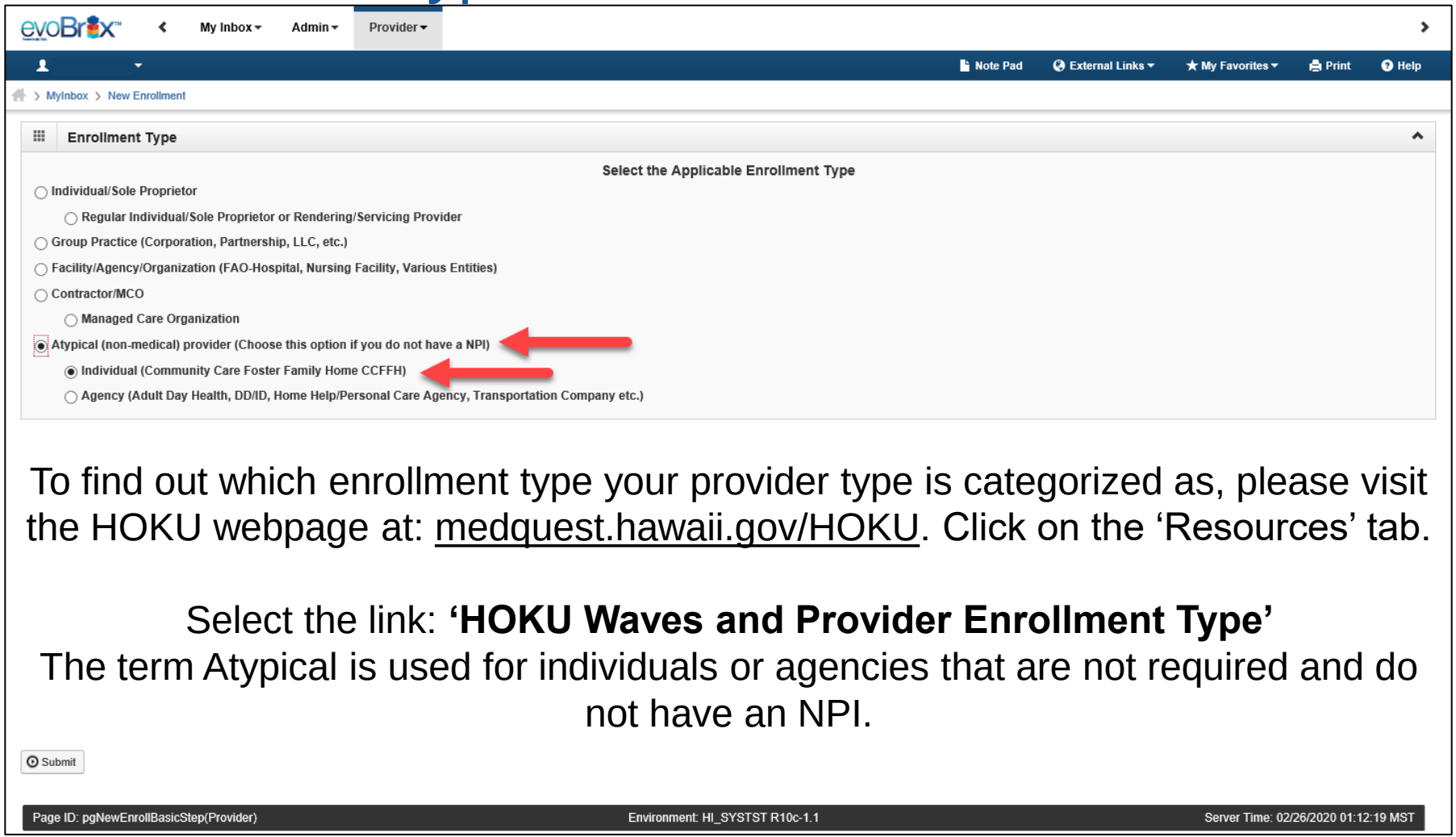
- Select the Atypical Individual Enrollment Type if the provider being enrolled is an individual or sole proprietor operating his/her own health care service and **does not** have an NPI.
- These providers include:
  - Community Care Foster Family Homes (CCFFH)
  - Expanded-Adult Residential Care Home (E-ARCH)

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.

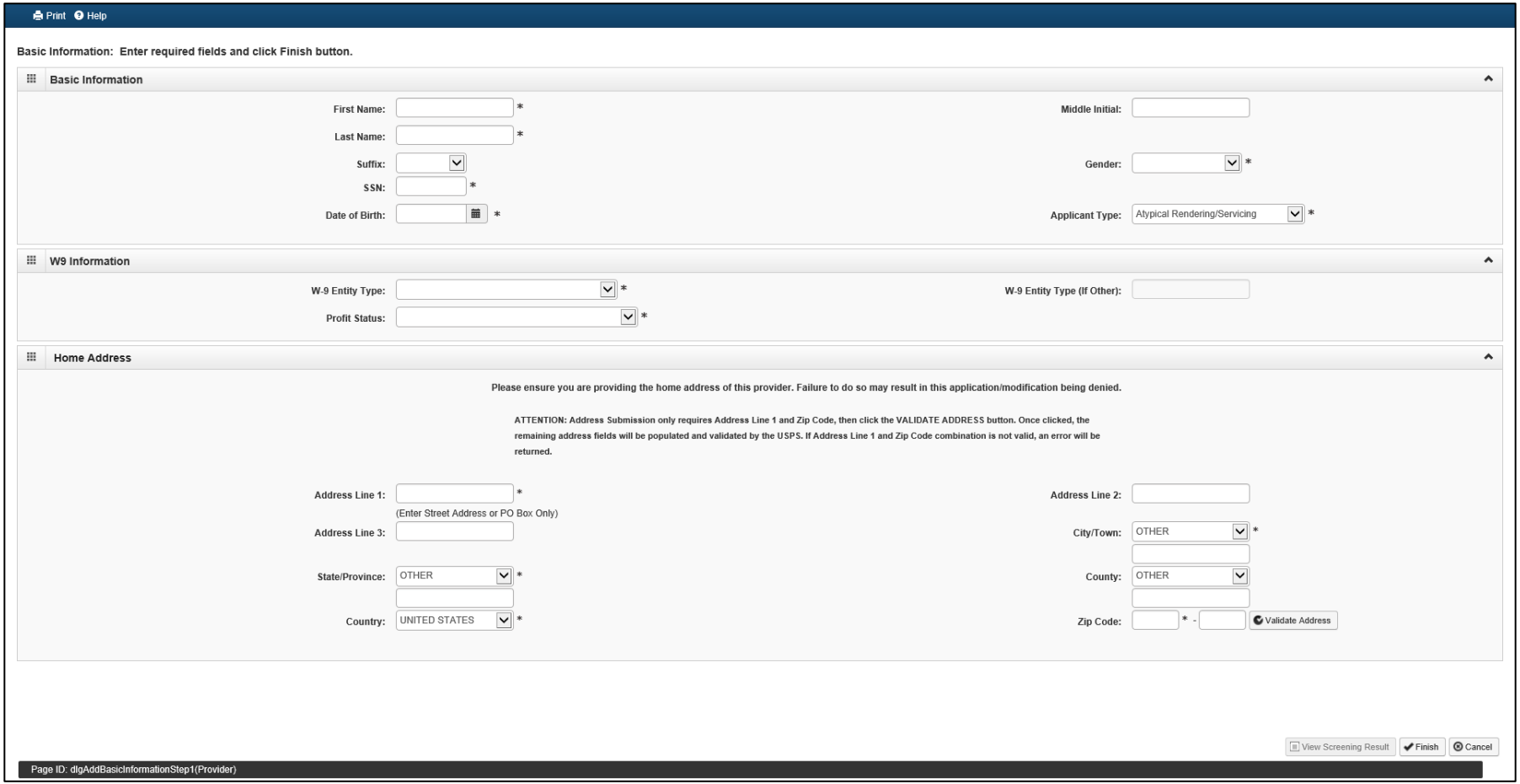
Select the Atypical Individual Enrollment Button



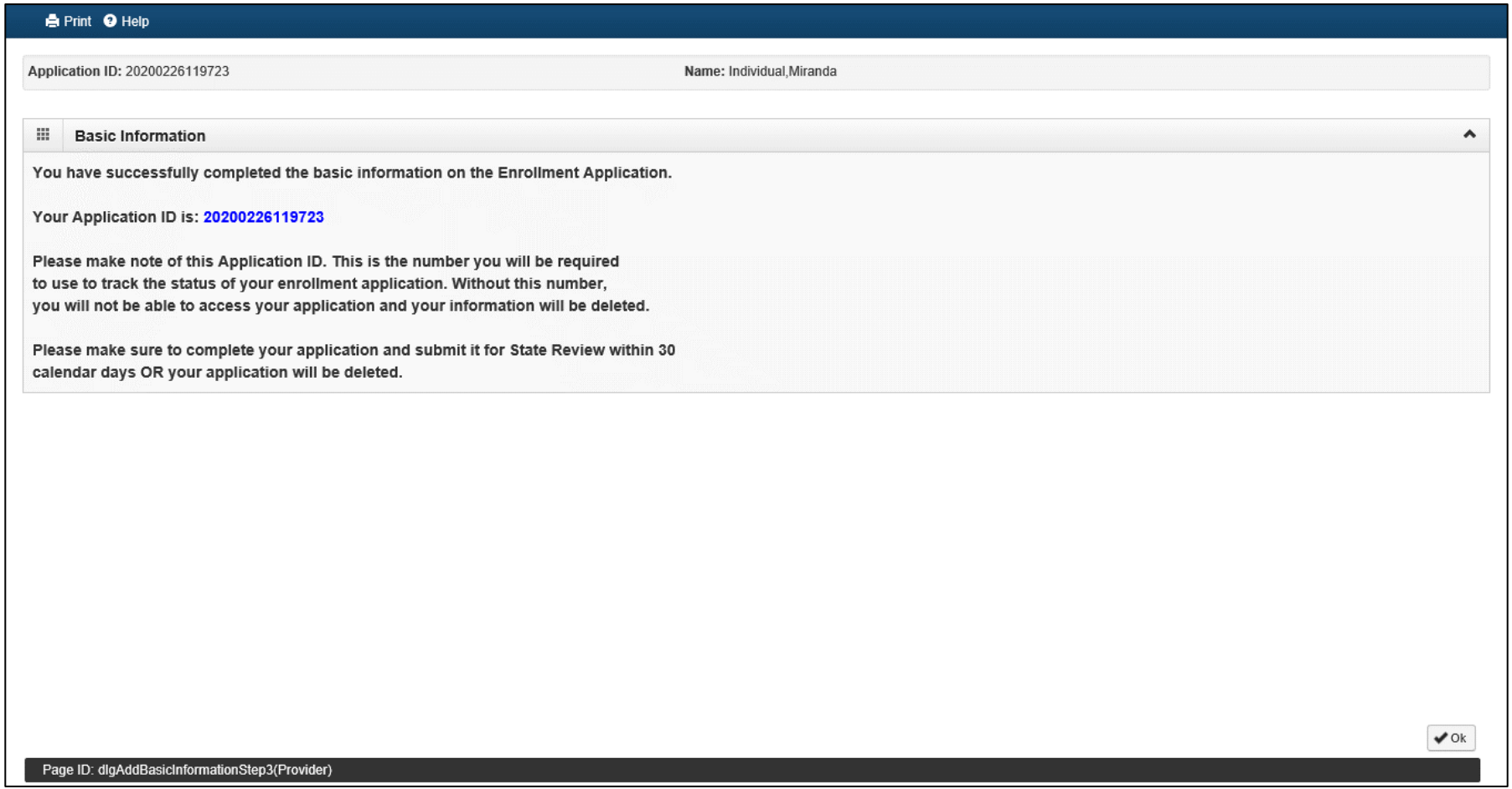
To find out which enrollment type your provider type is categorized as, please visit the HOKU webpage at: medquest.hawaii.gov/HOKU. Click on the 'Resources' tab.

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.

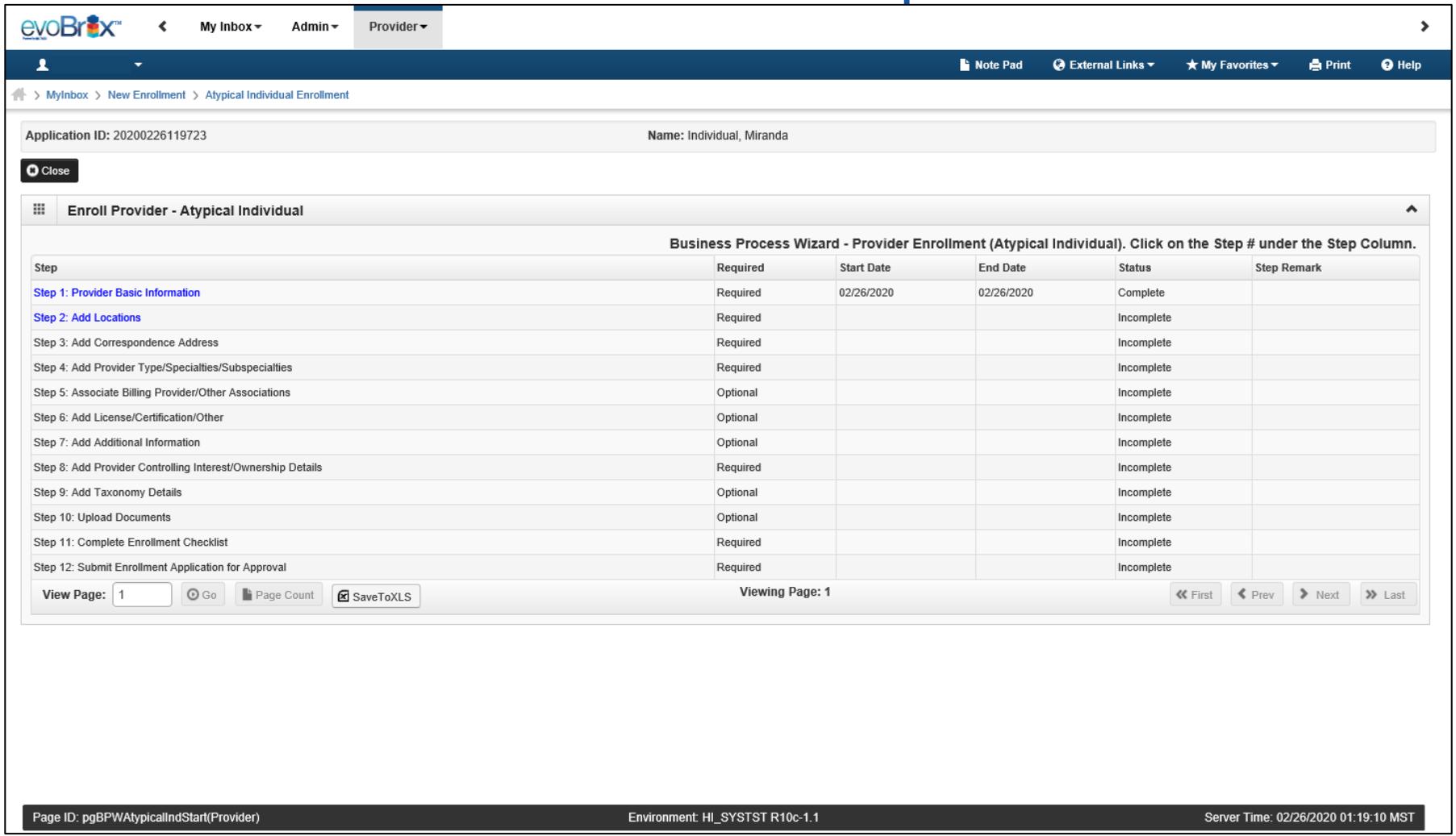
Step 1: Provide Basic Information



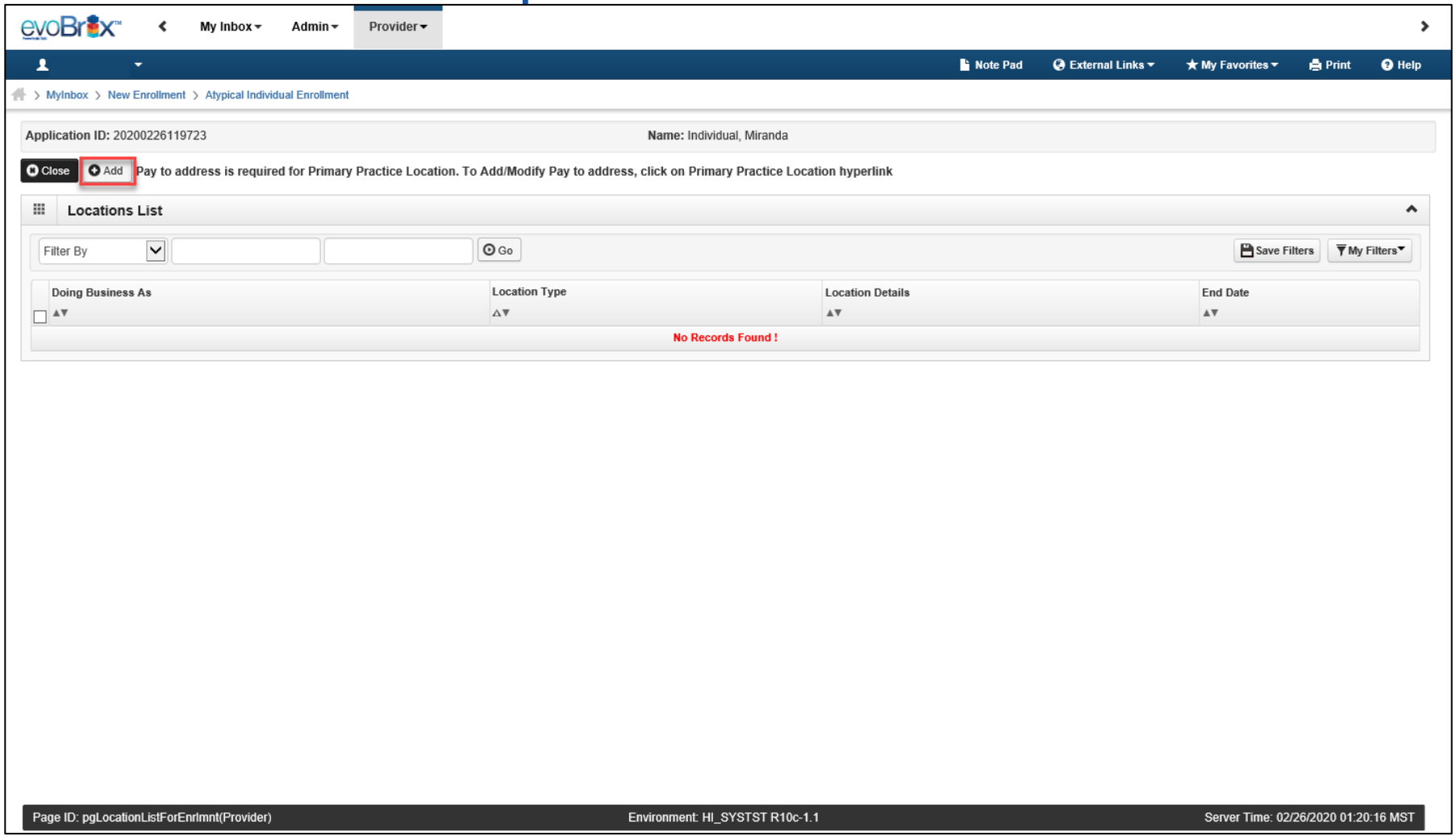
Application ID



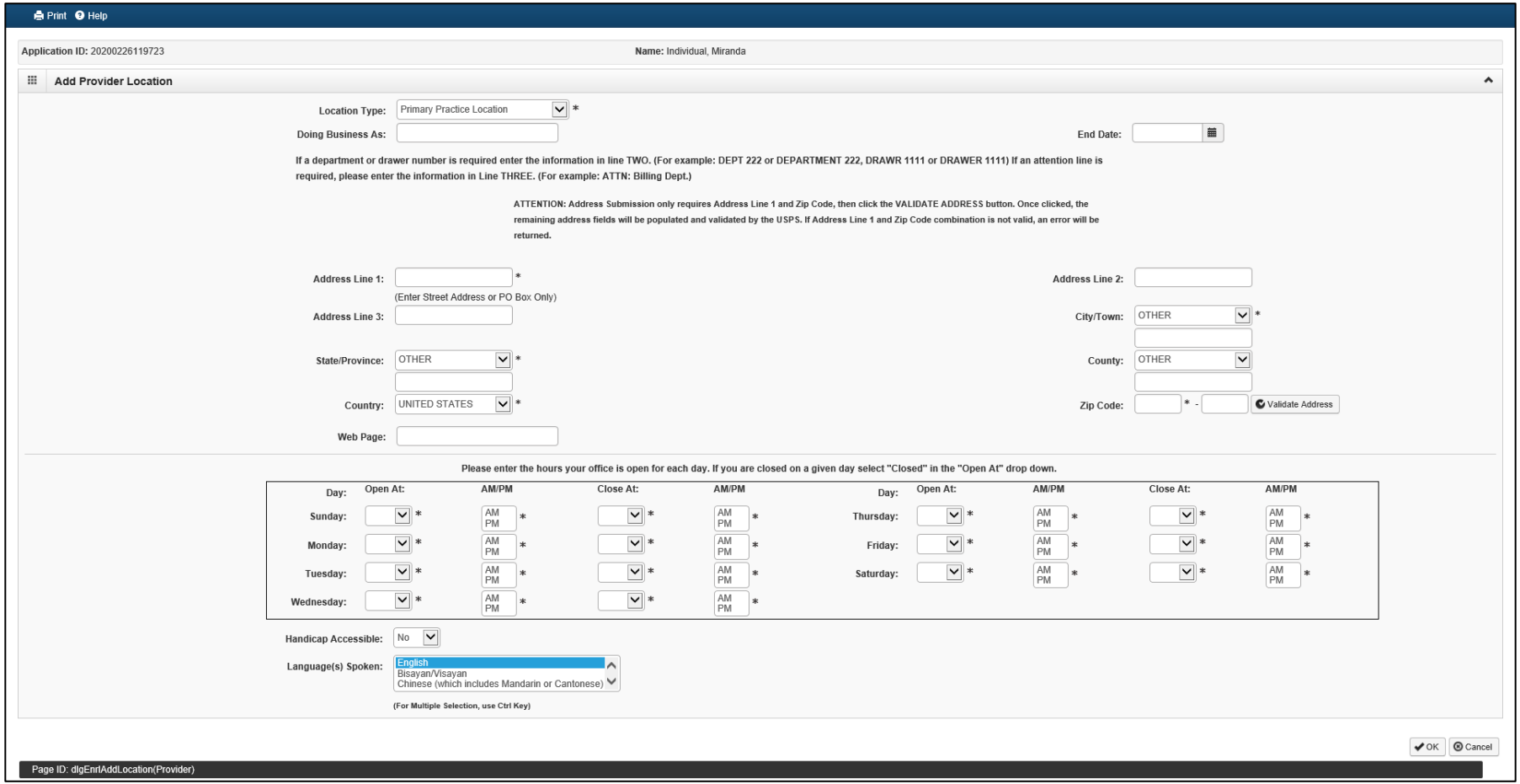
Enrollment Steps



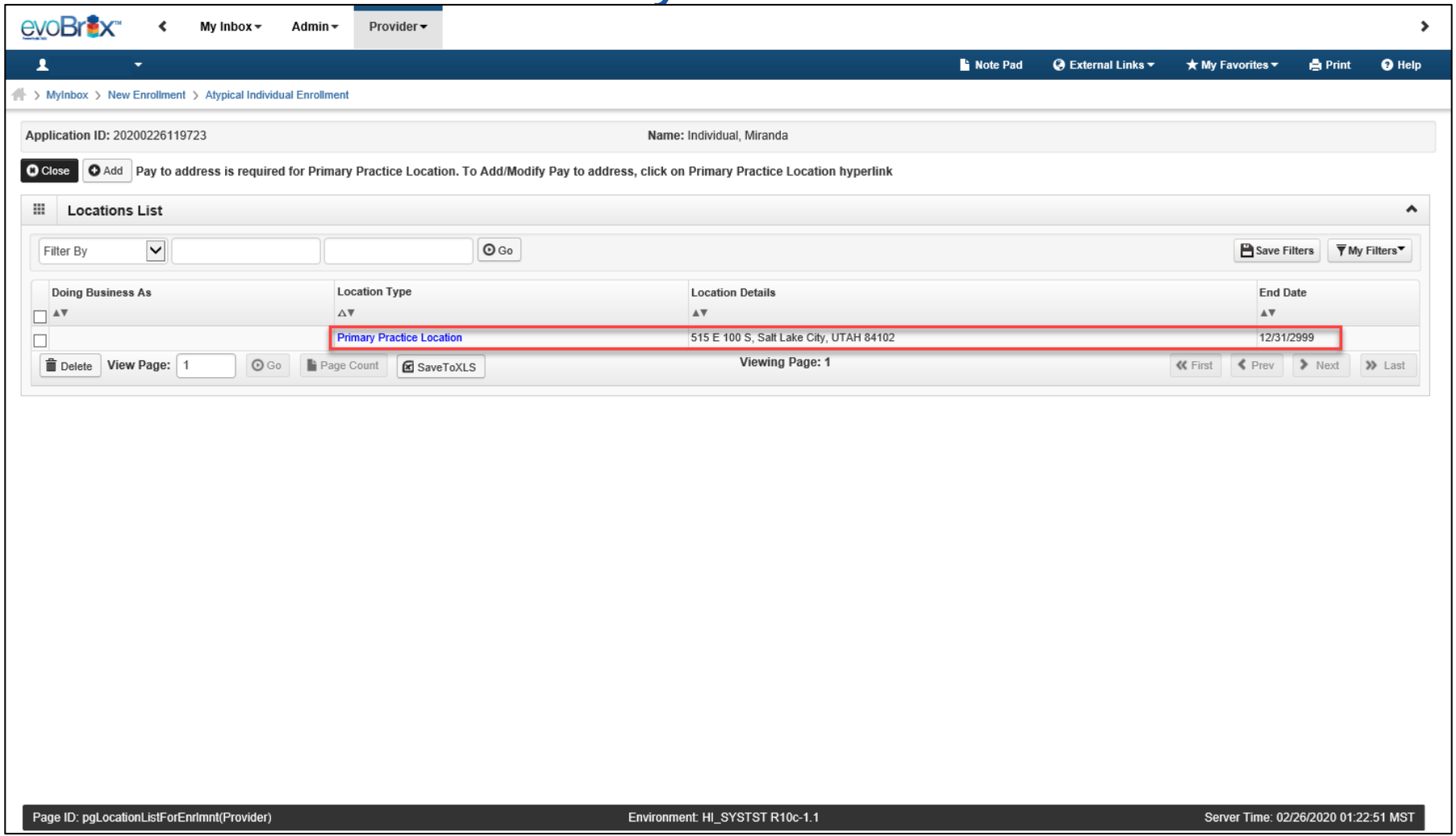
Step 2: Add Locations



Add Primary Practice Address



Add Pay To Address



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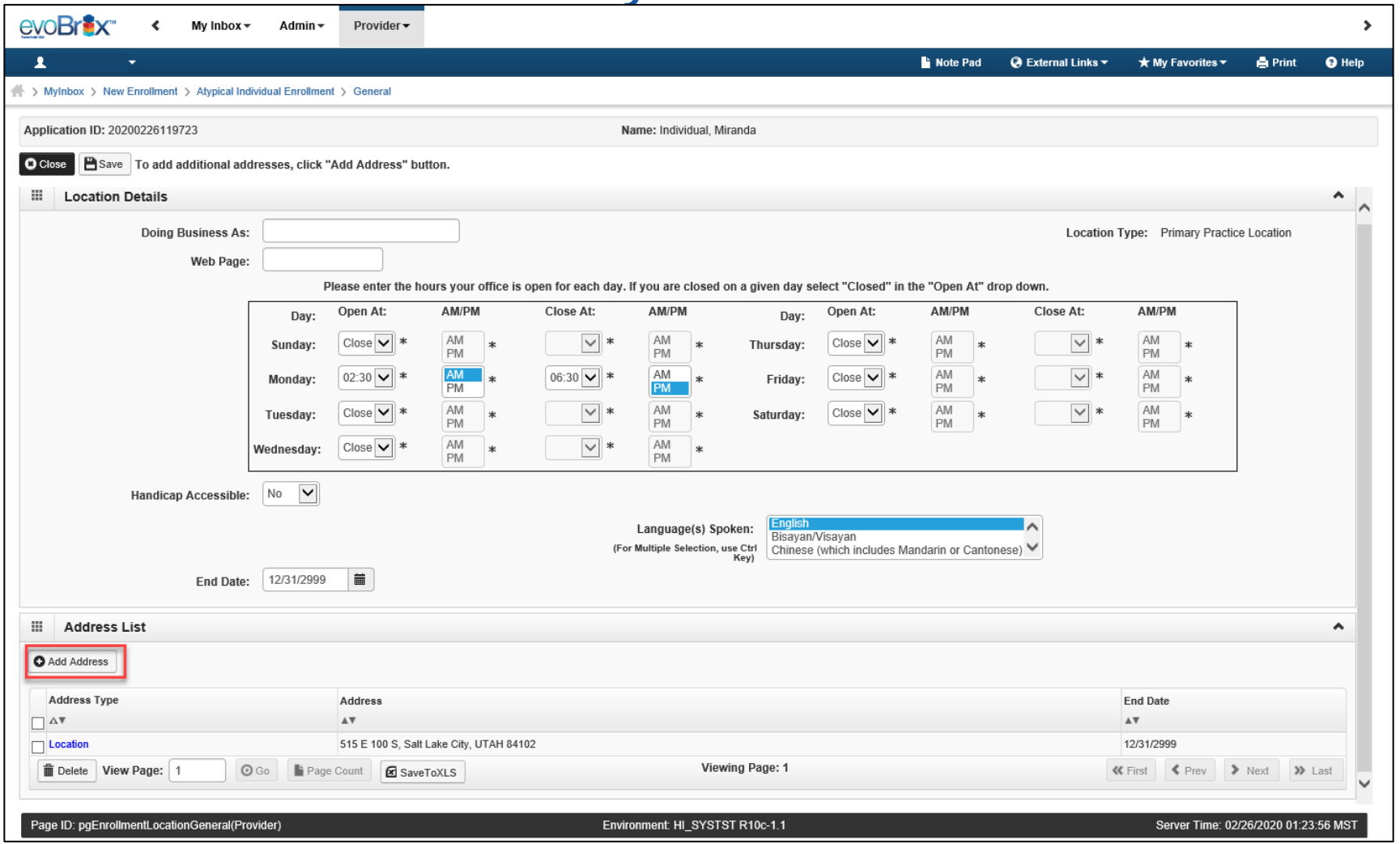

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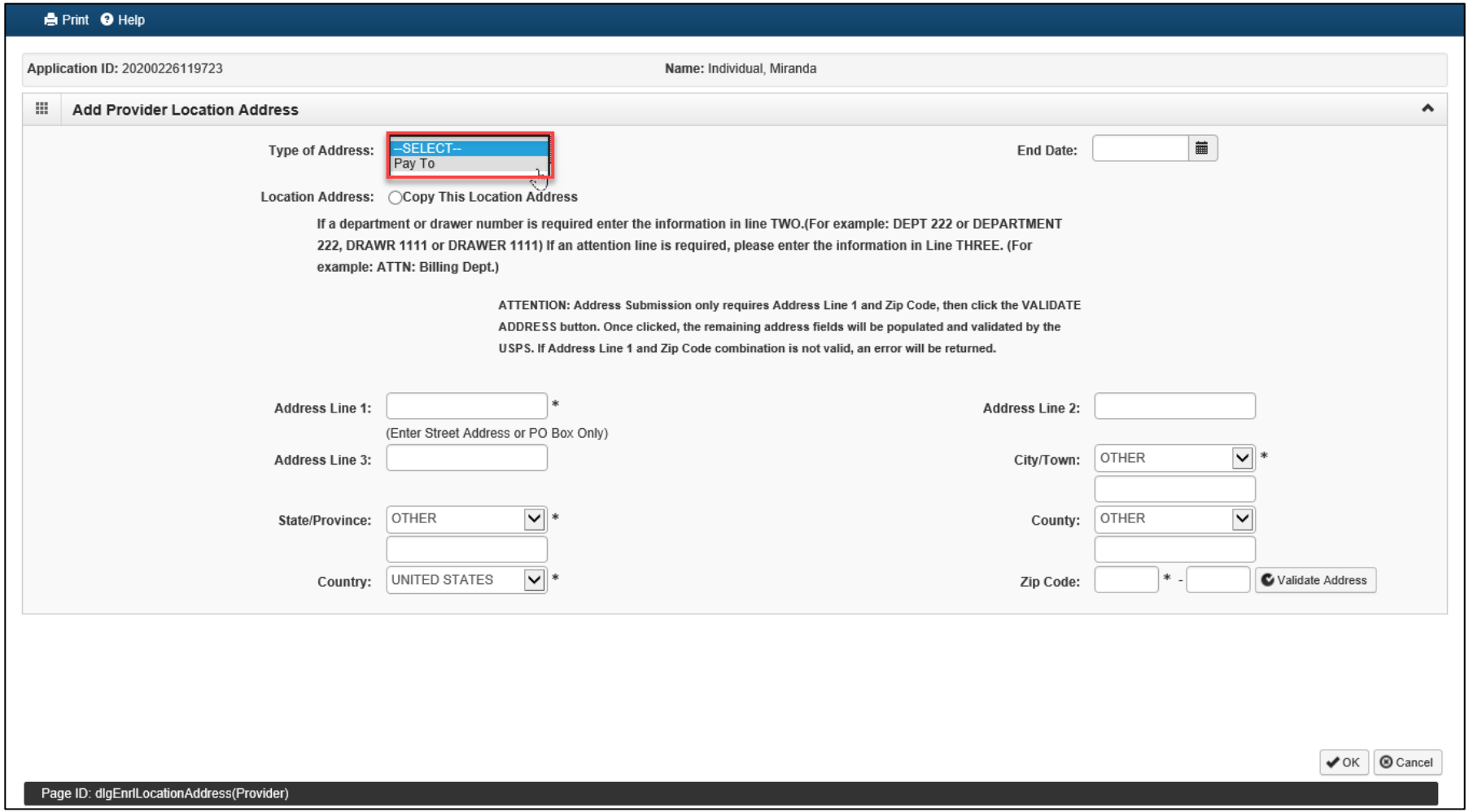
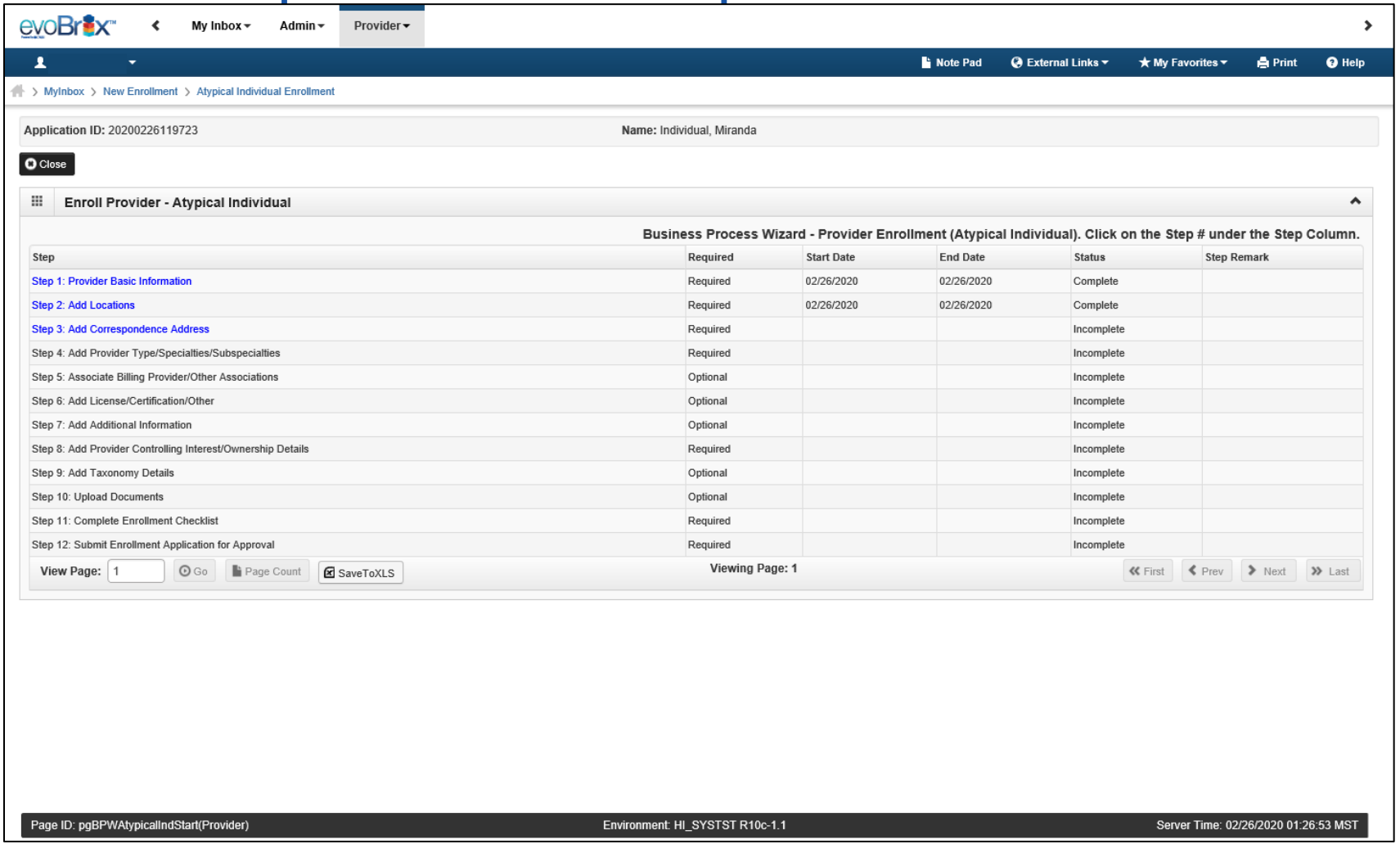


Step 3: Add Correspondence Address



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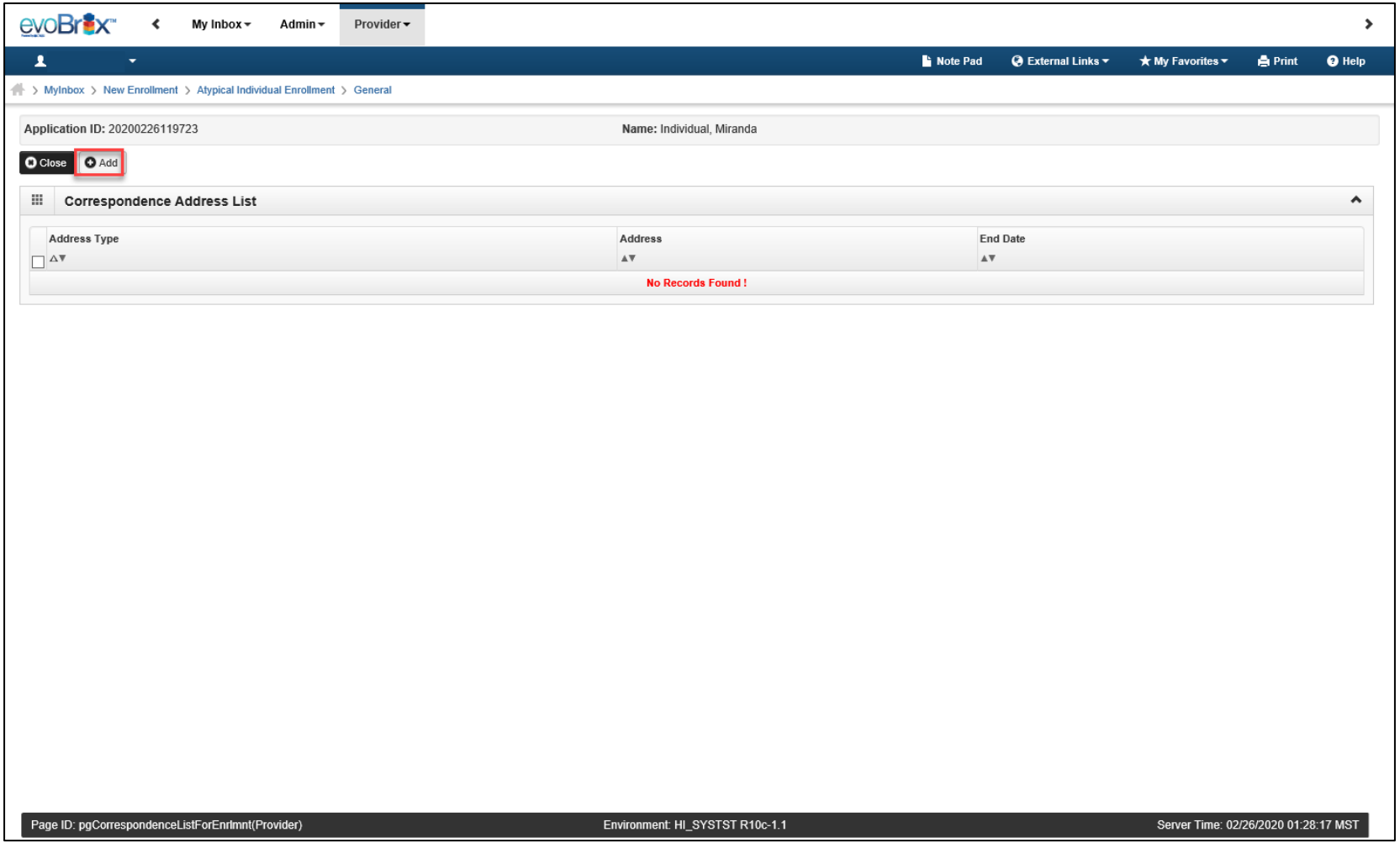
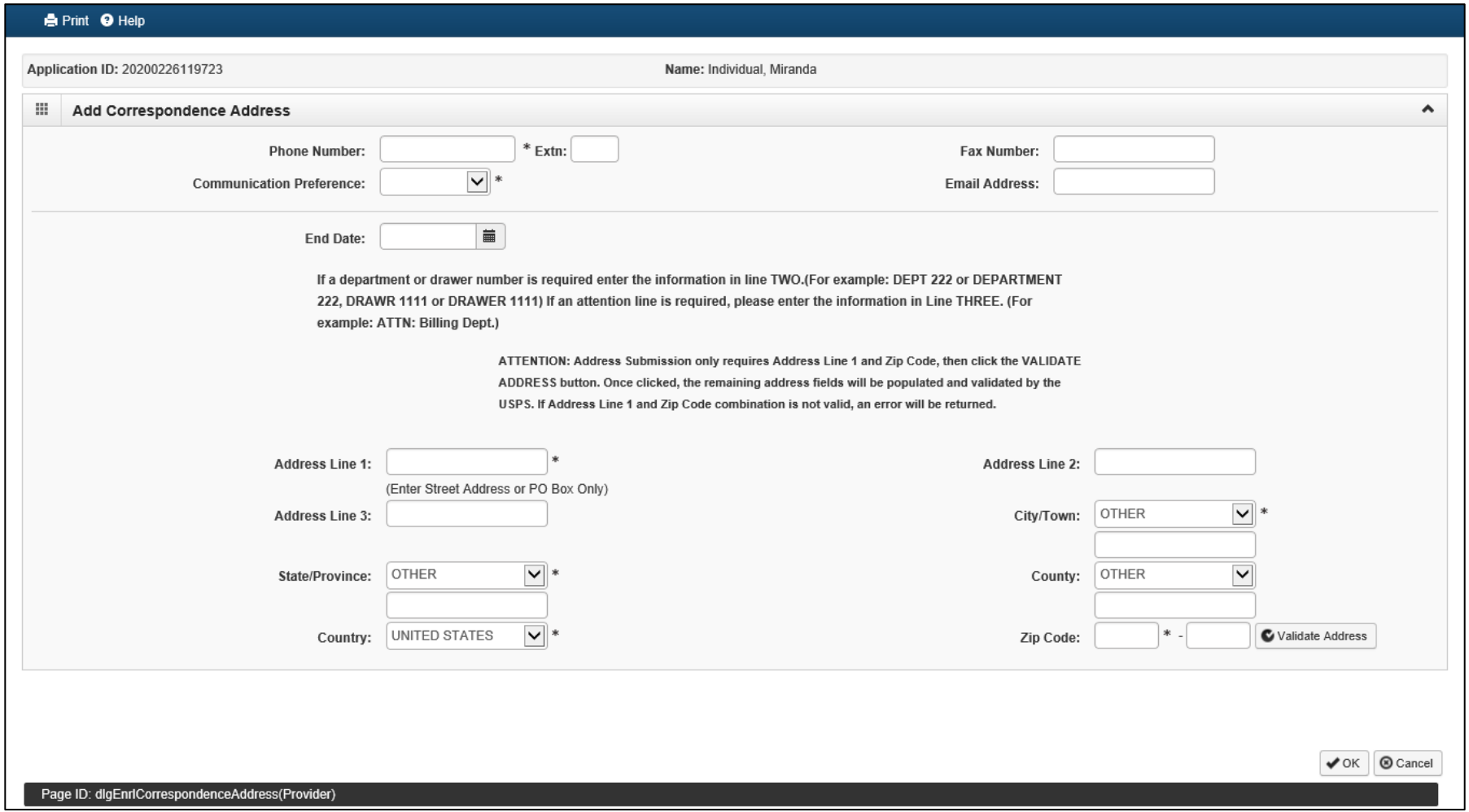
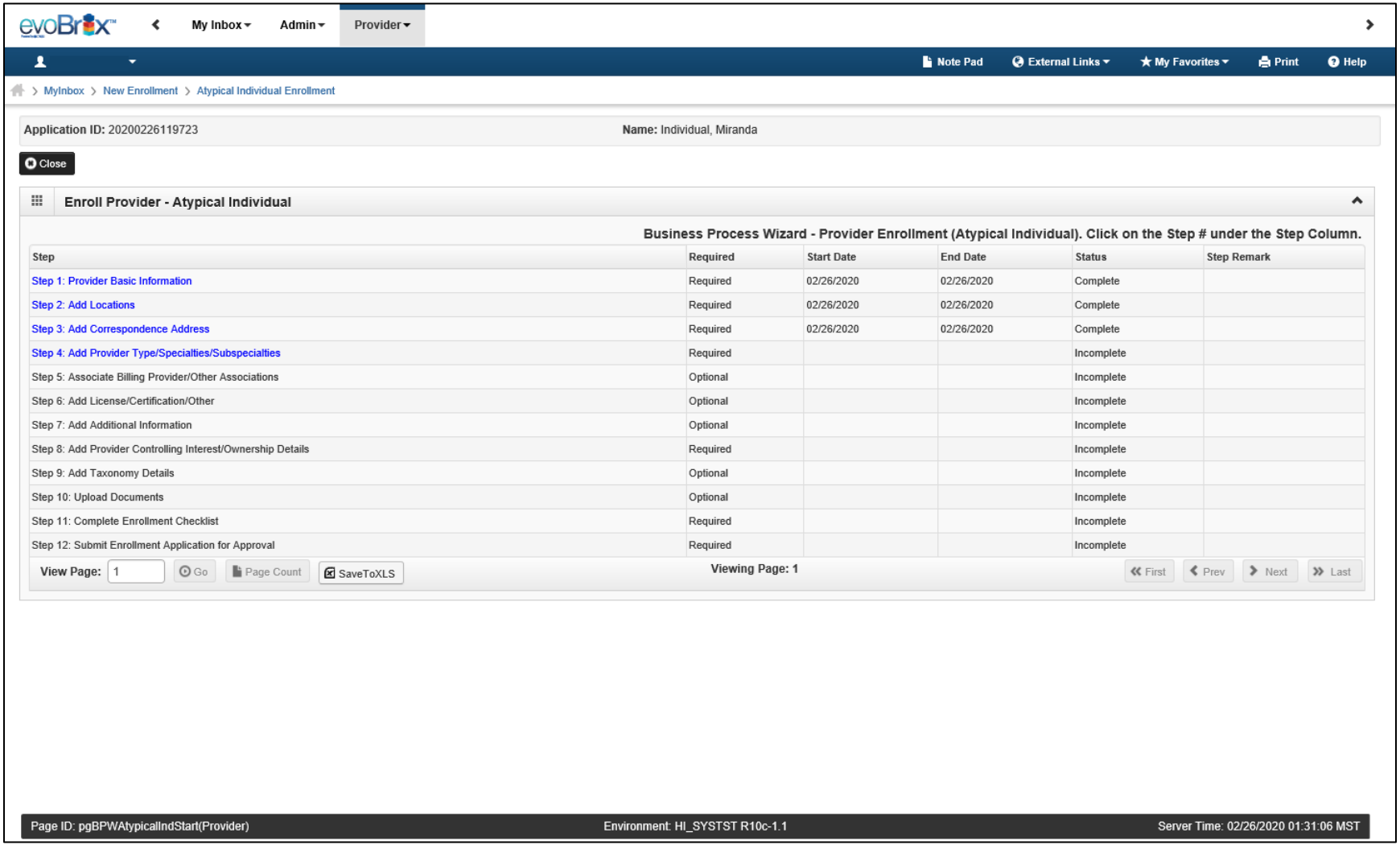


Add Correspondence Address



Step 4: Add Provider Type/Specialties/Subspecialties



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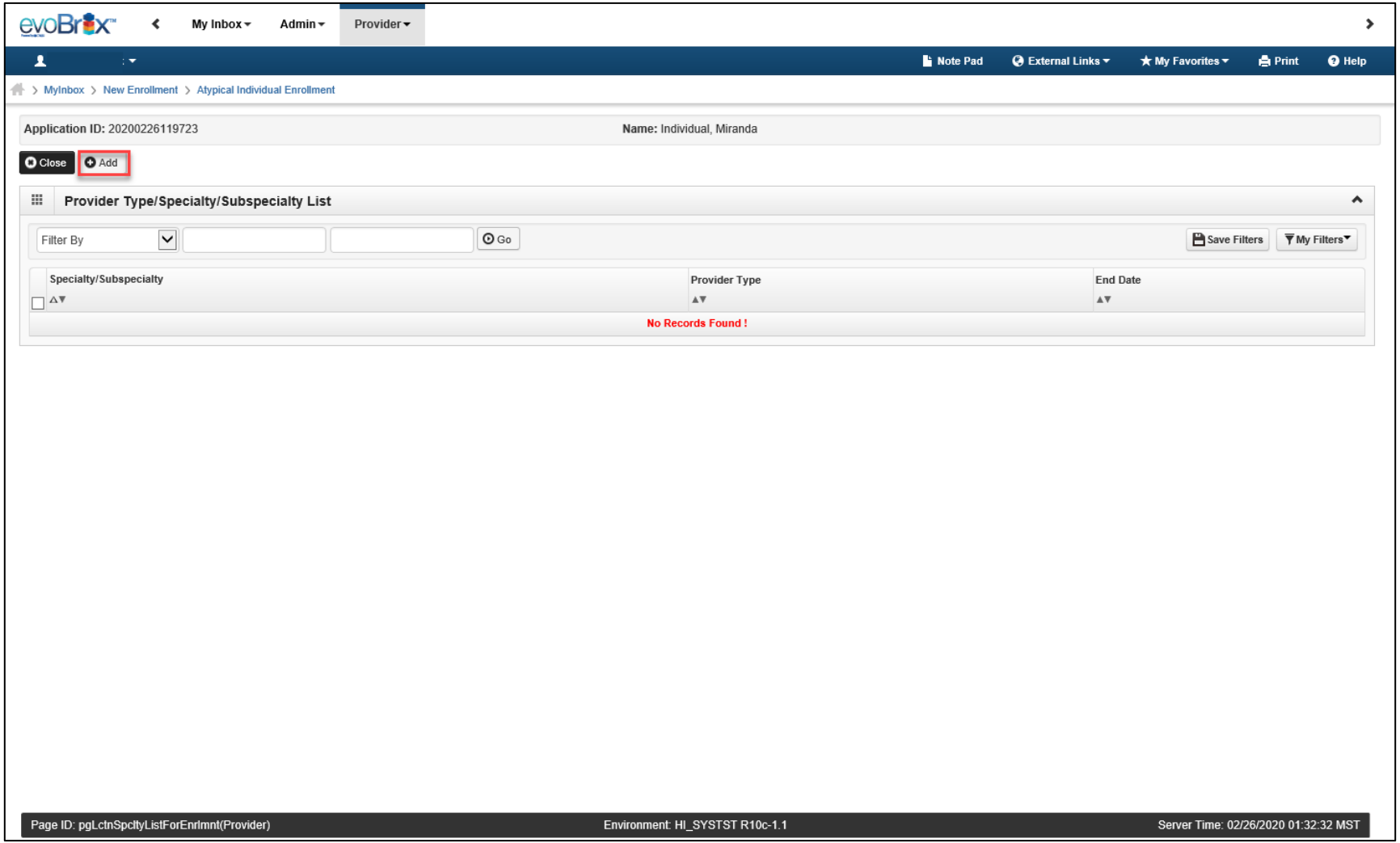
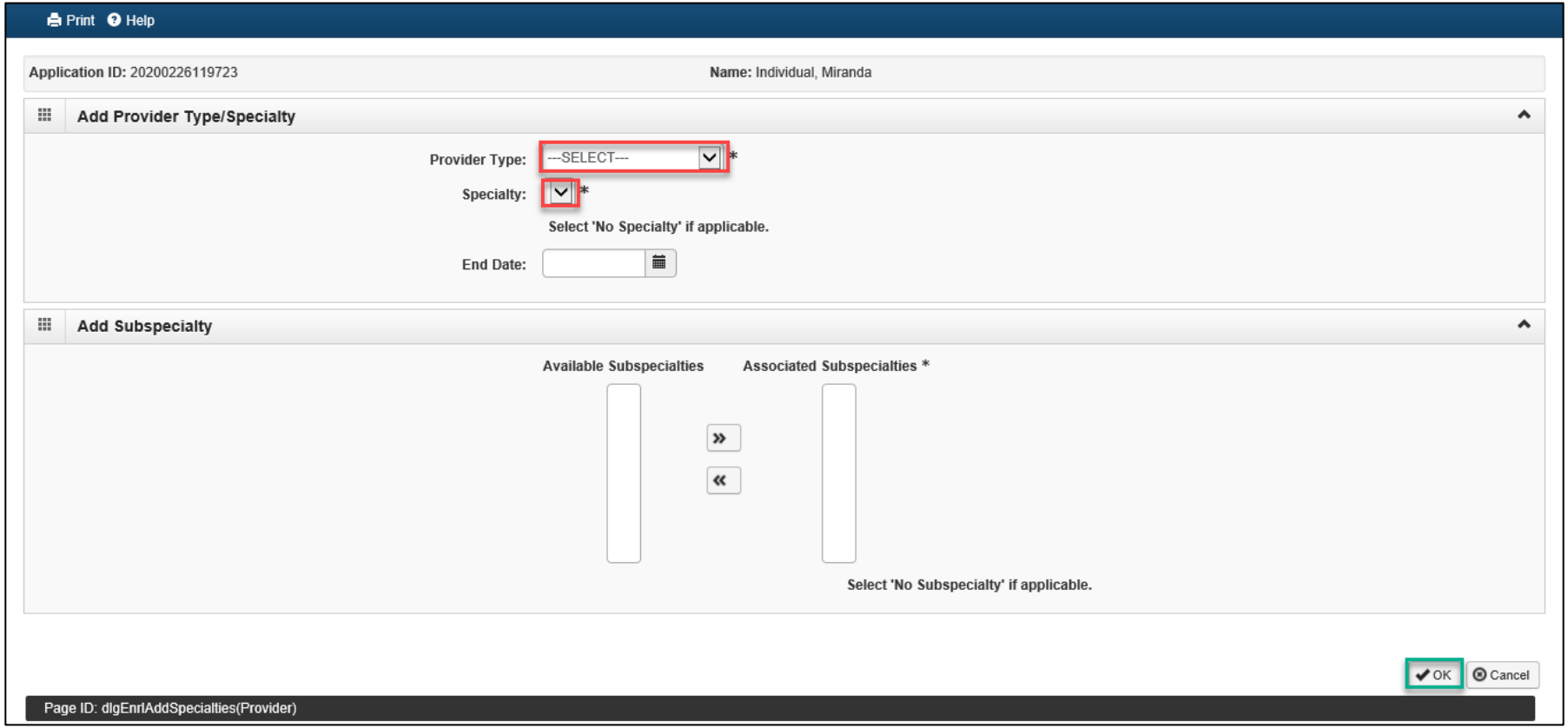
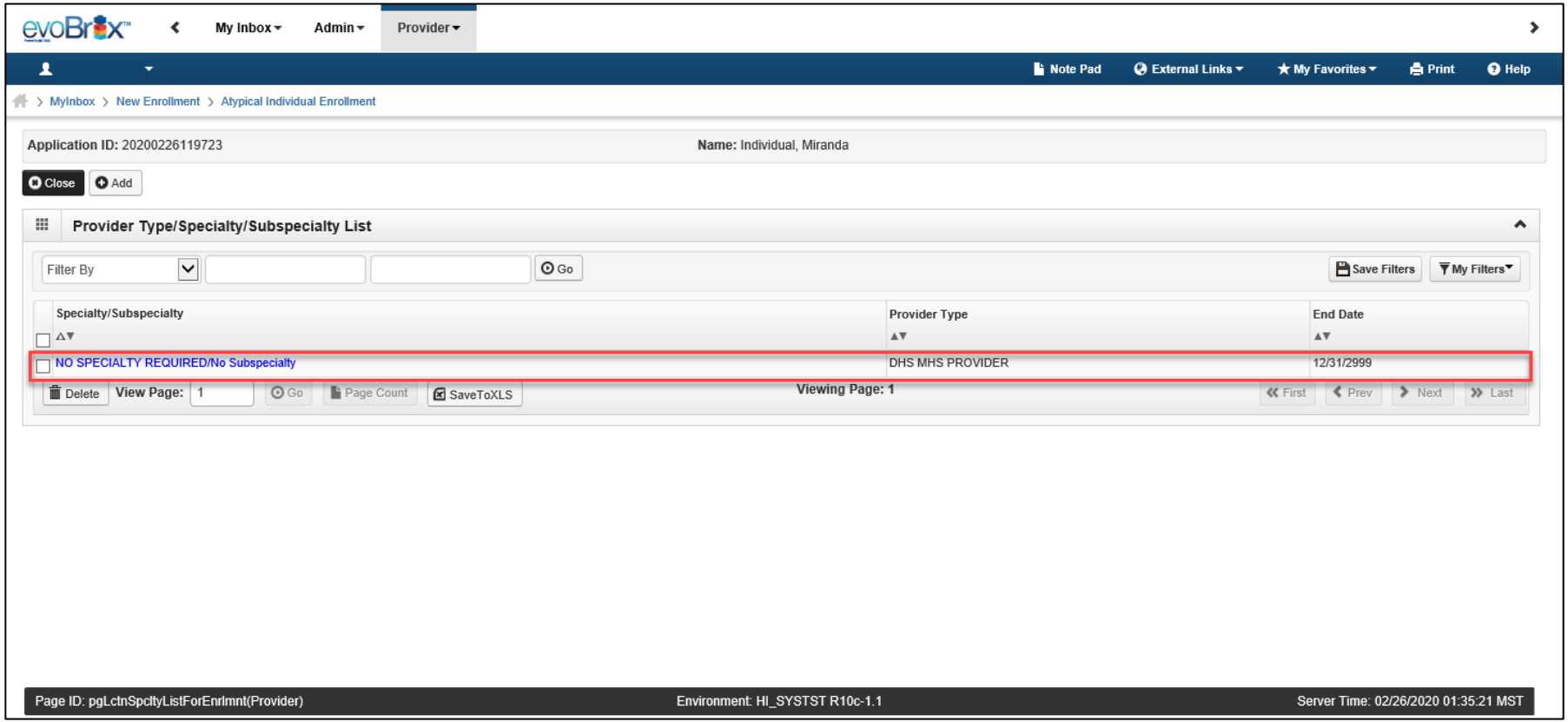


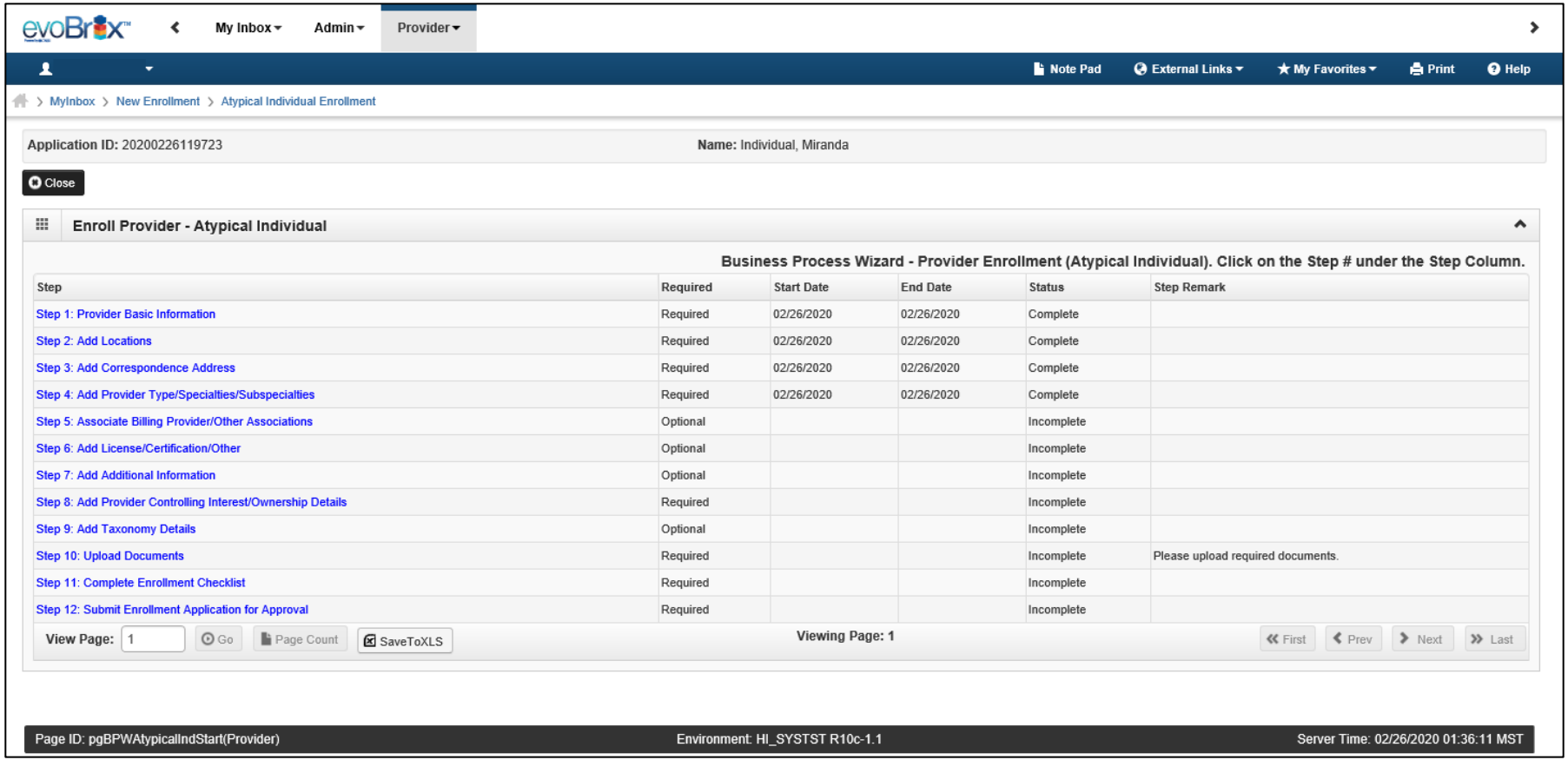
Provider Type/Specialties/Subspecialties



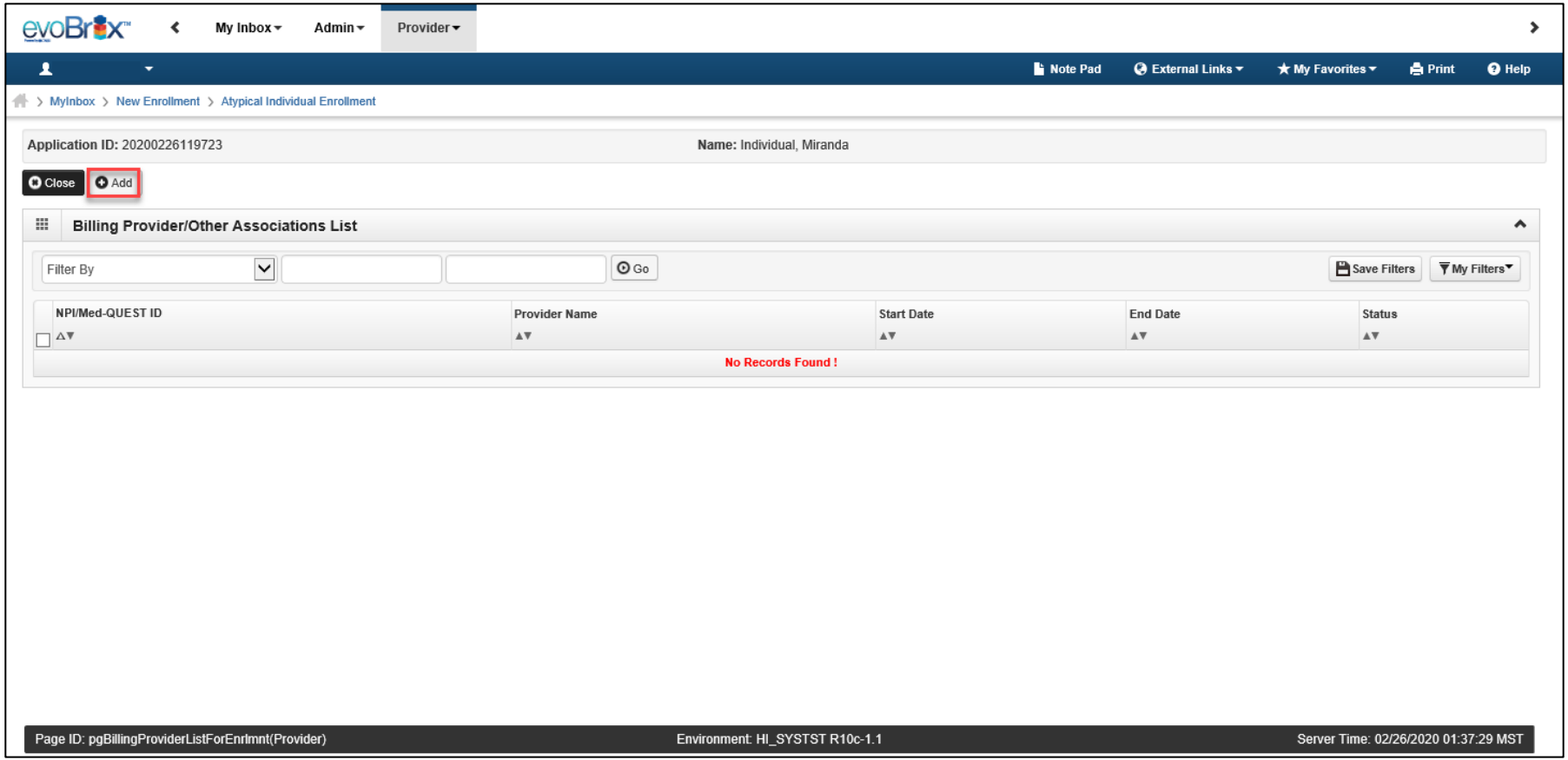
Add Provider Type/Specialties/Subspecialties



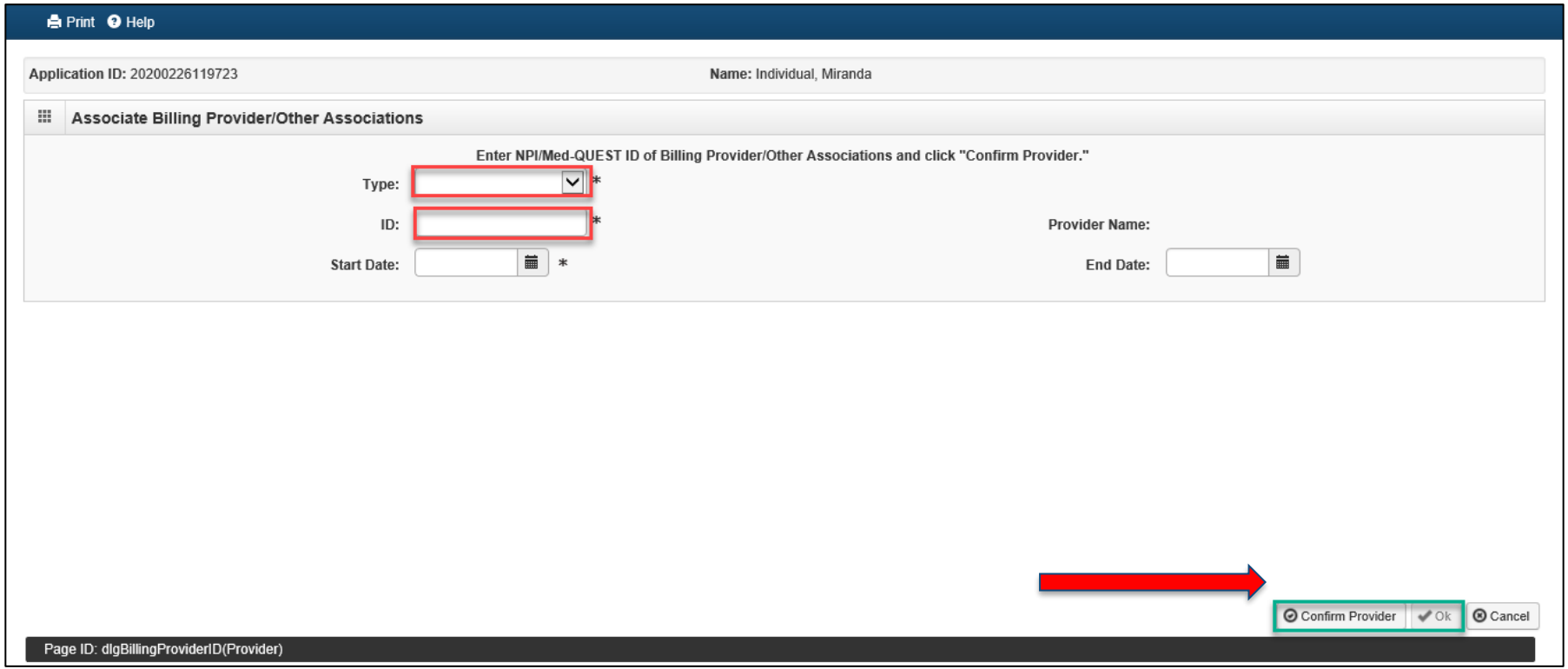
Step 5: Associate Billing Provider



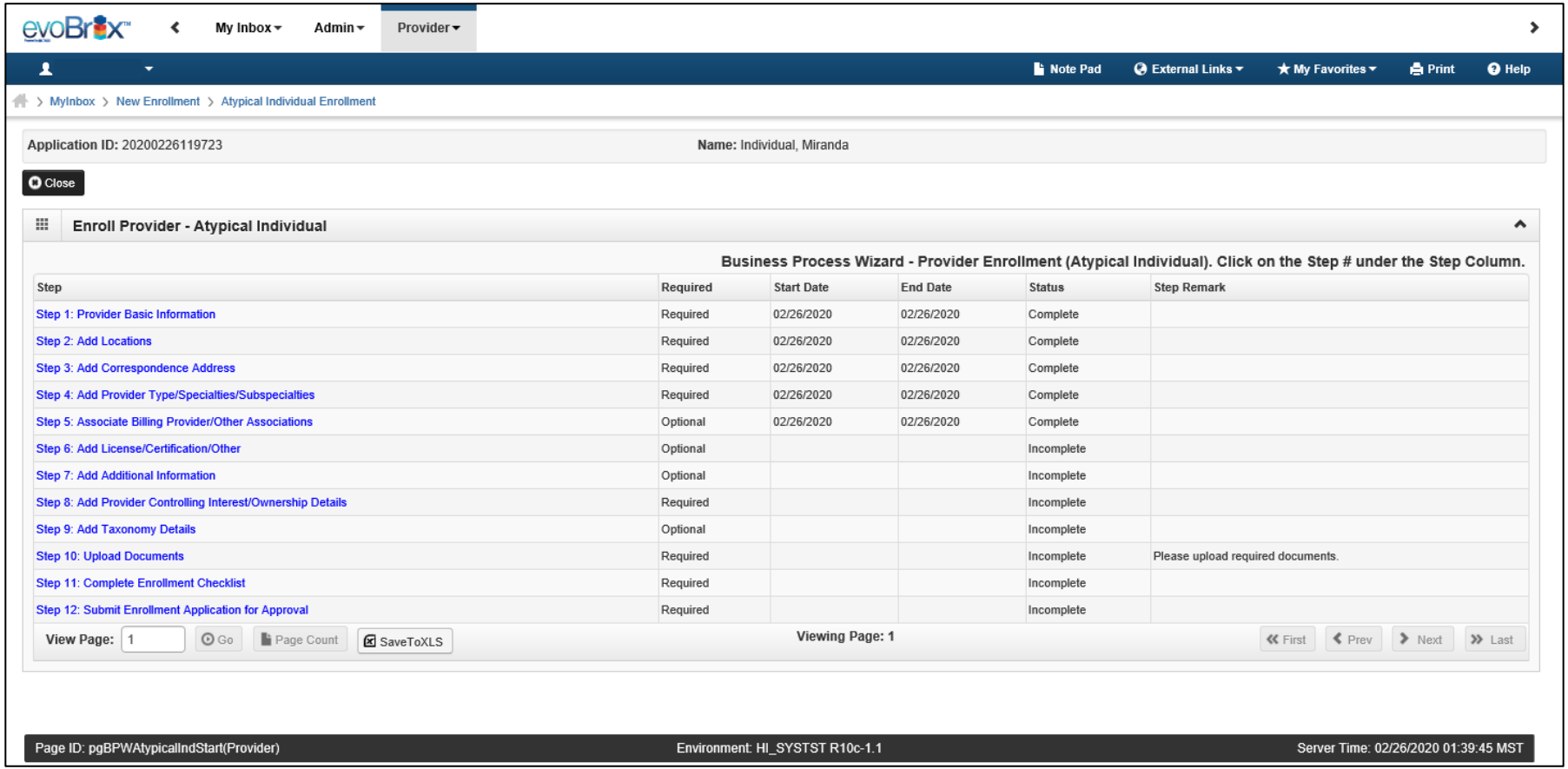
Associate Billing Provider



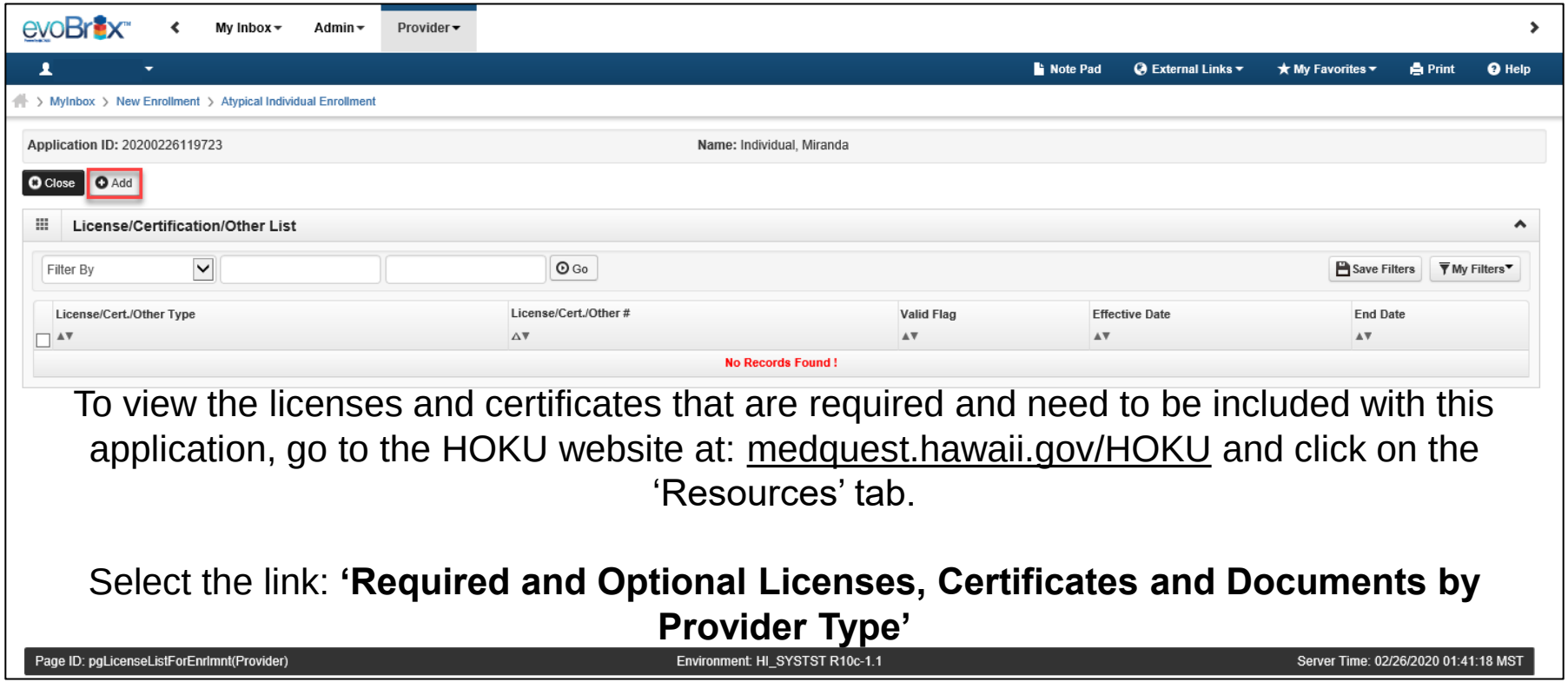
Associate Billing Provider



Step 6: Add License/Certification



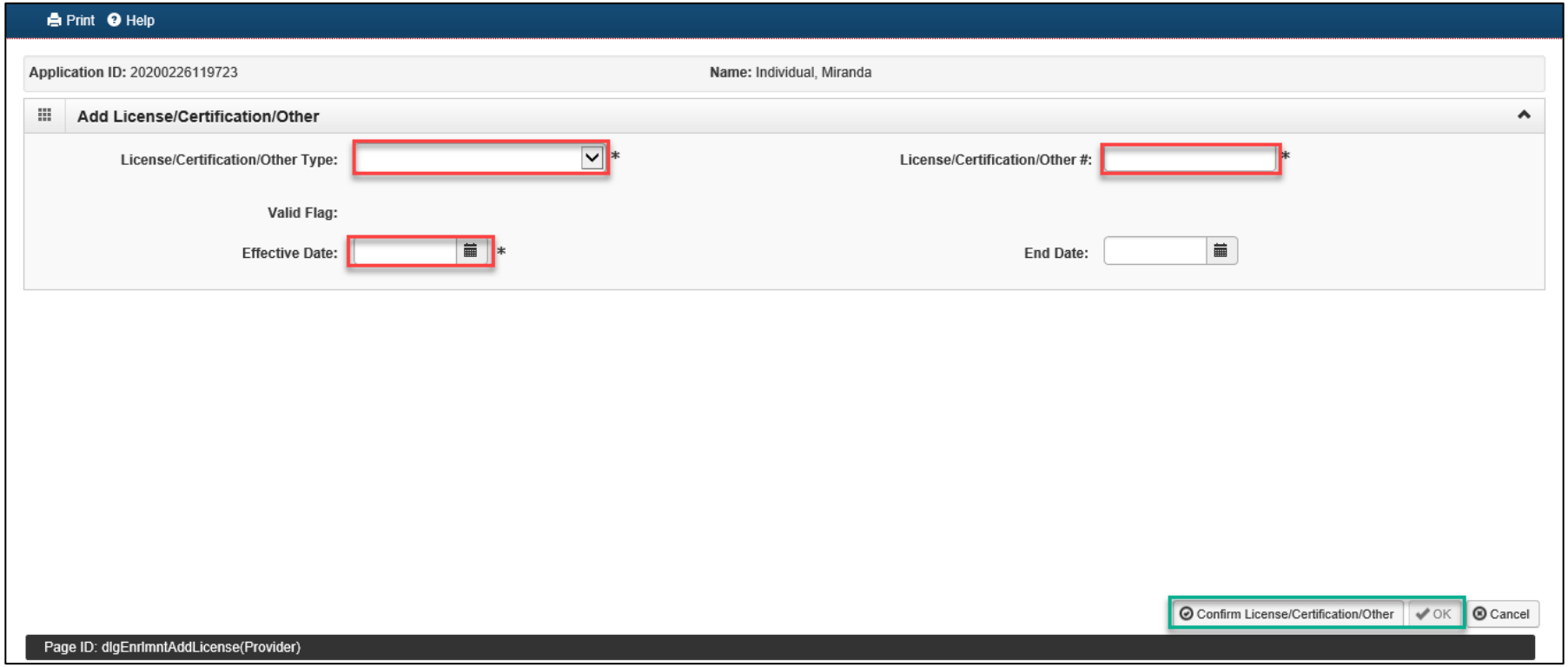
Add License/Certification



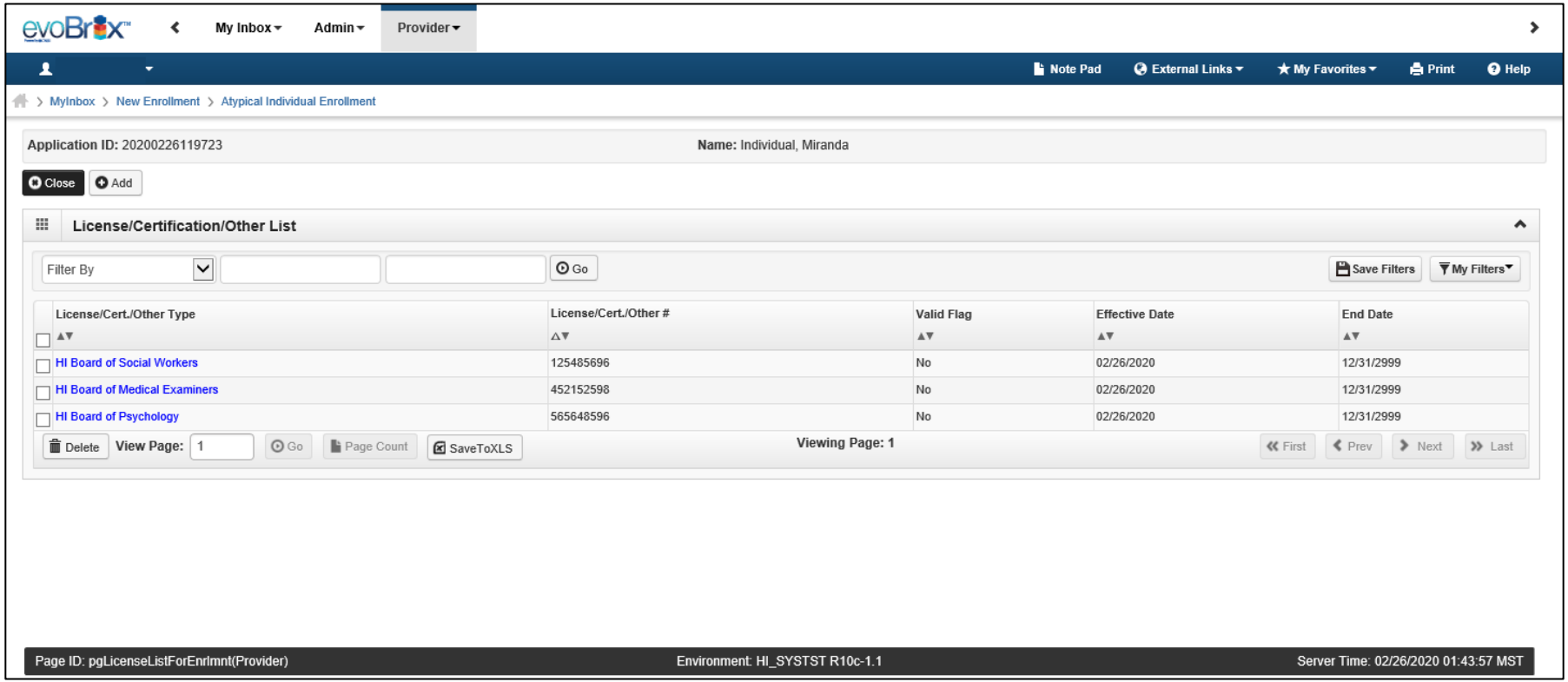
To view the licenses and certificates that are required and need to be included with this application, go to the HOKU website at: medquest.hawaii.gov/HOKU and click on the 'Resources' tab.

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

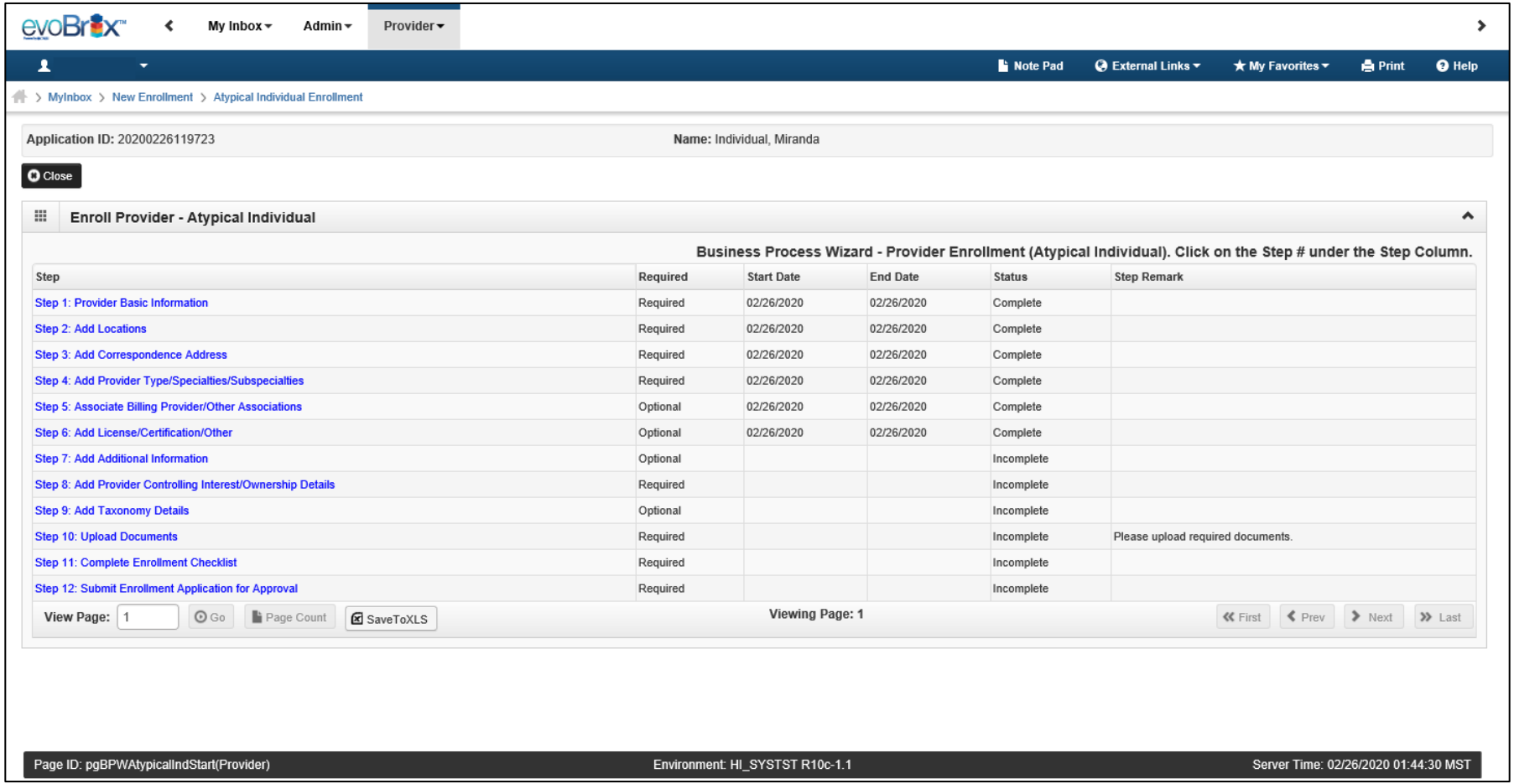
Add License/Certification



Add License/Certification



Step 7: Add Additional Information



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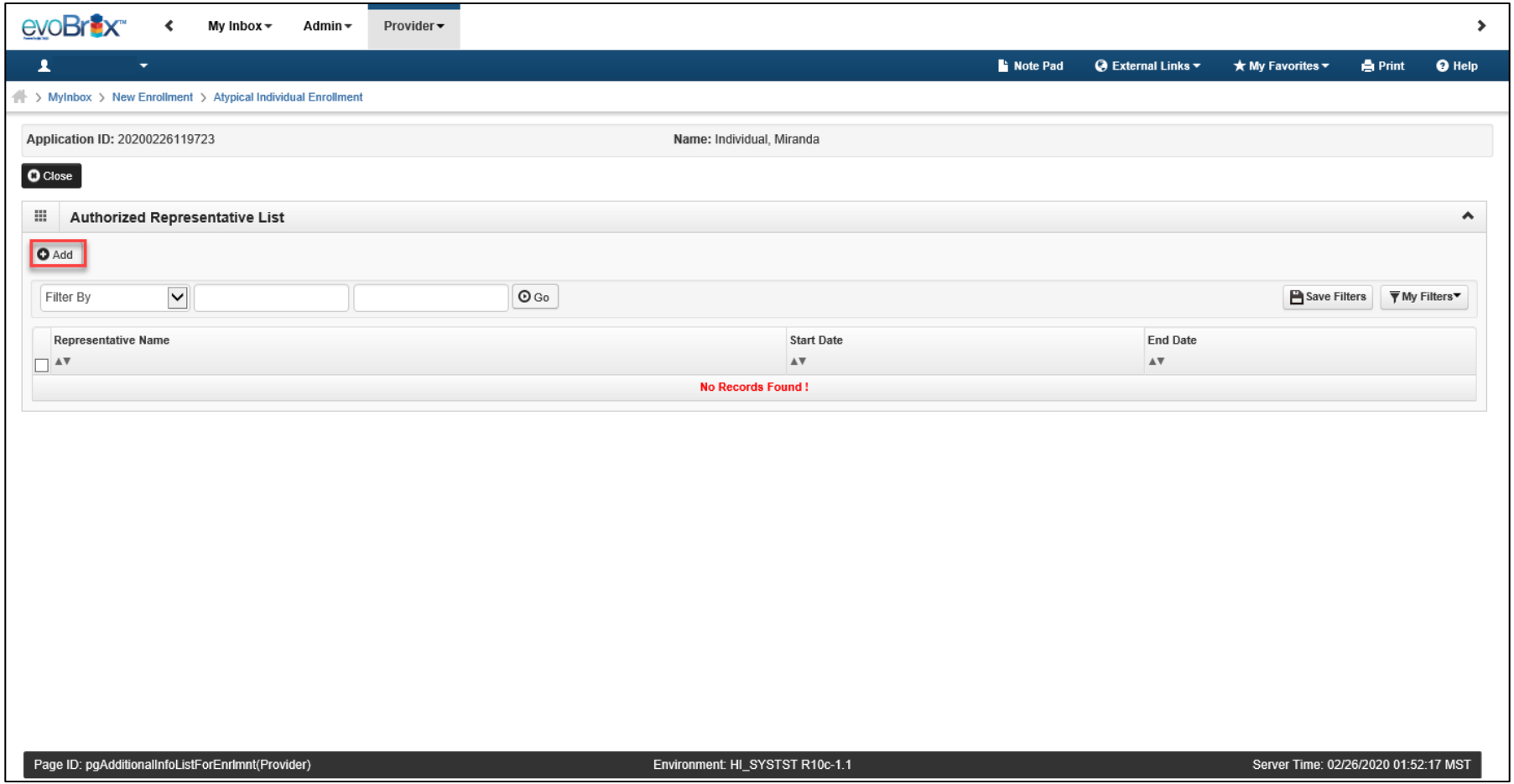

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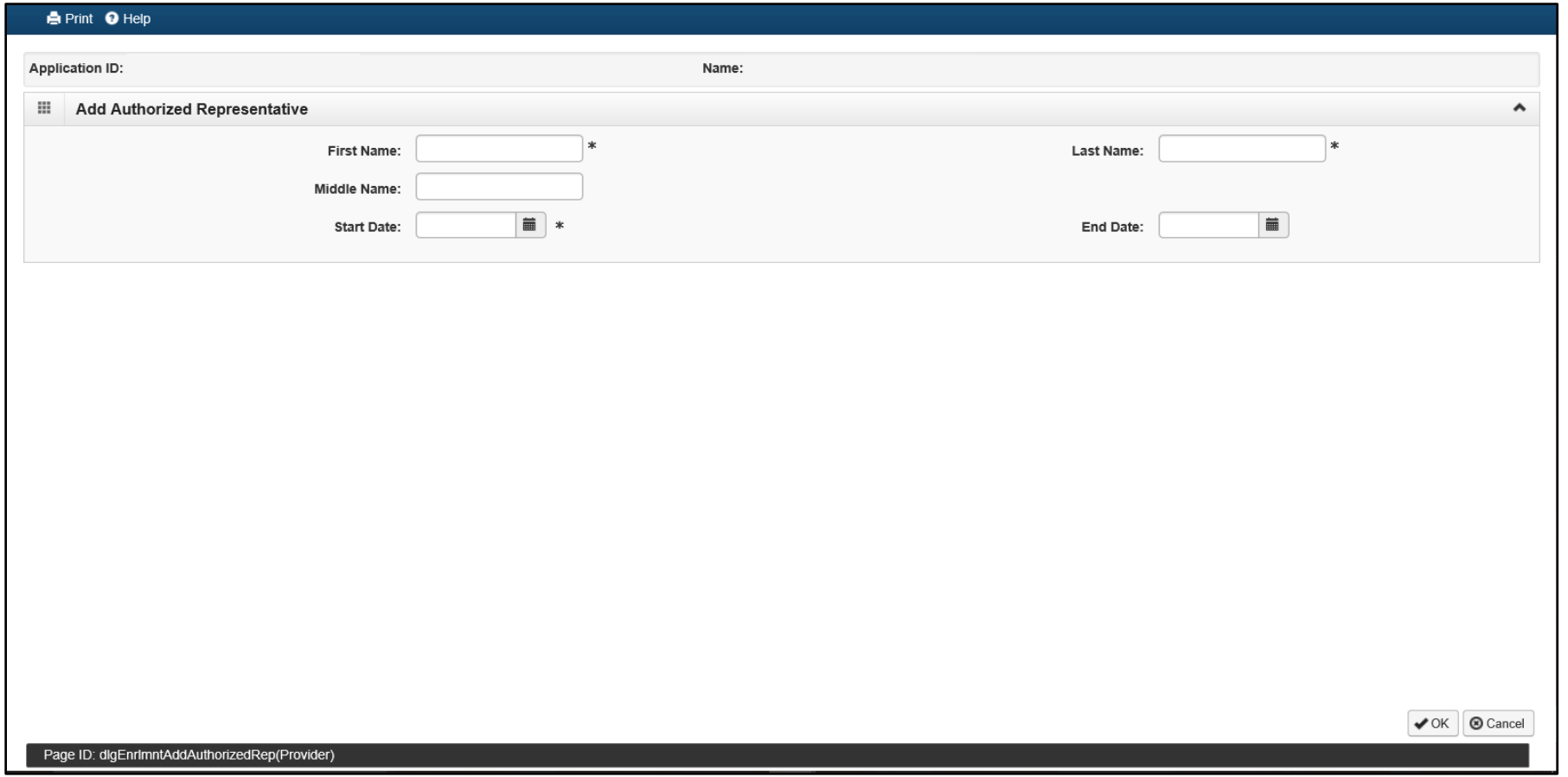
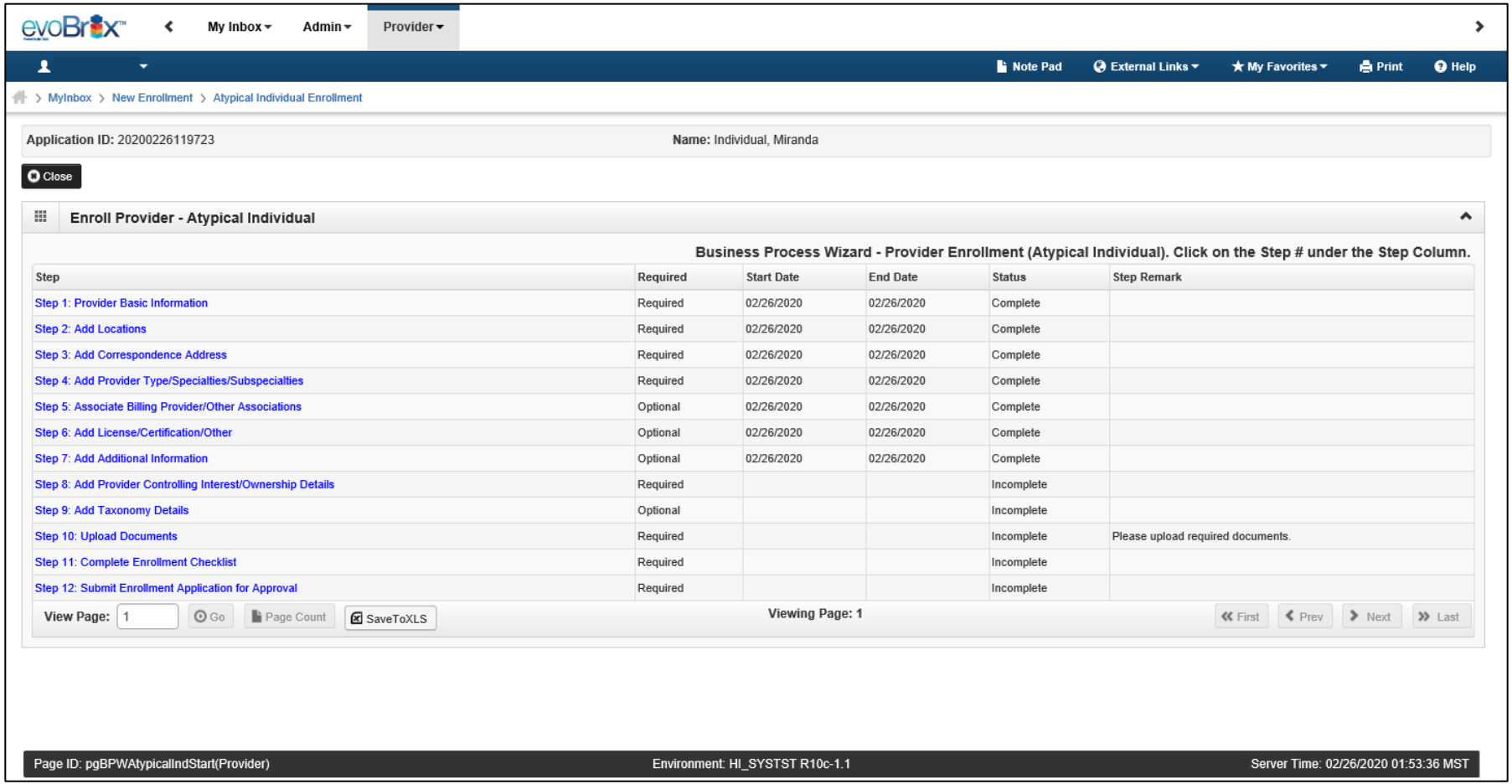
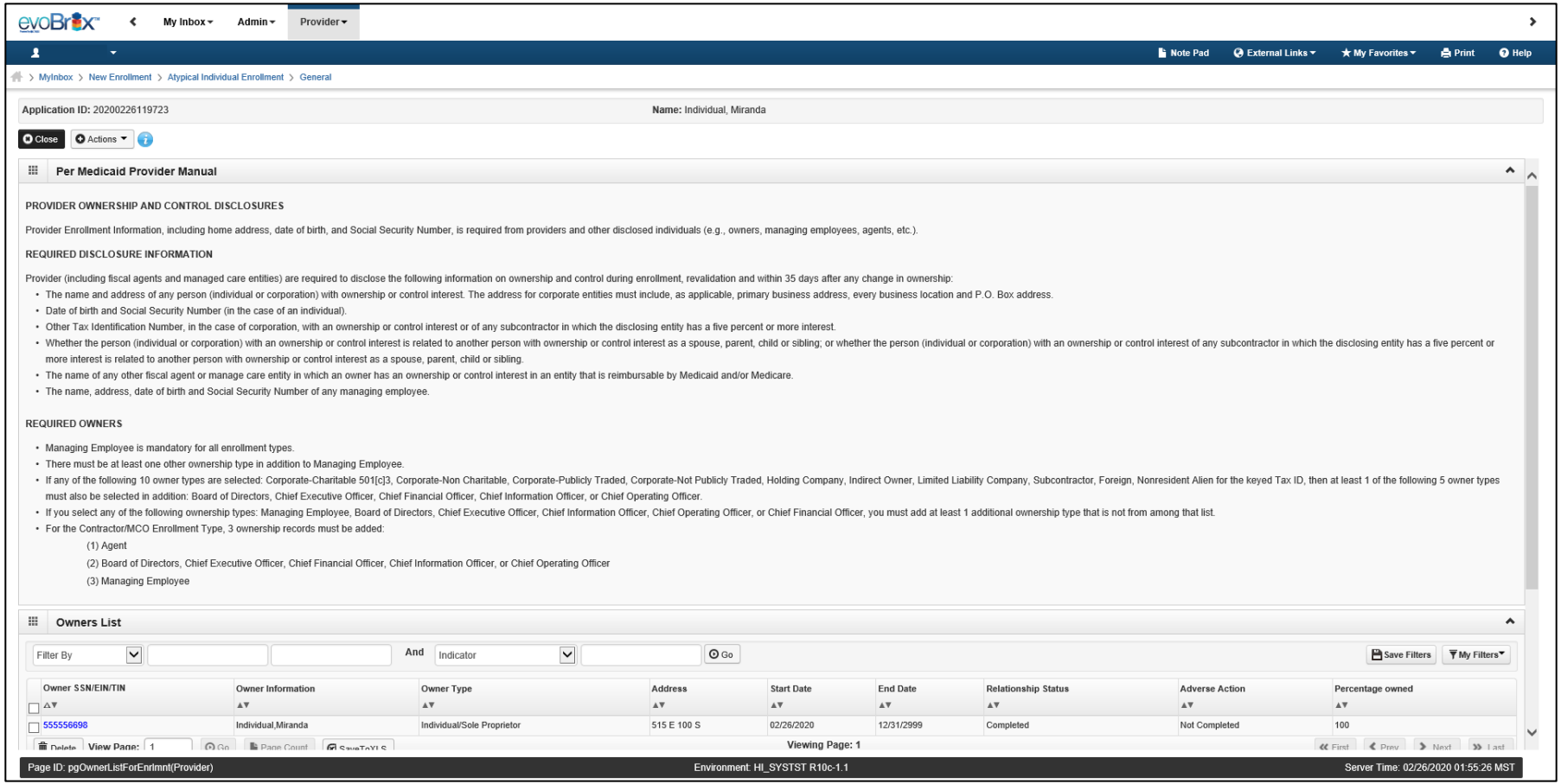


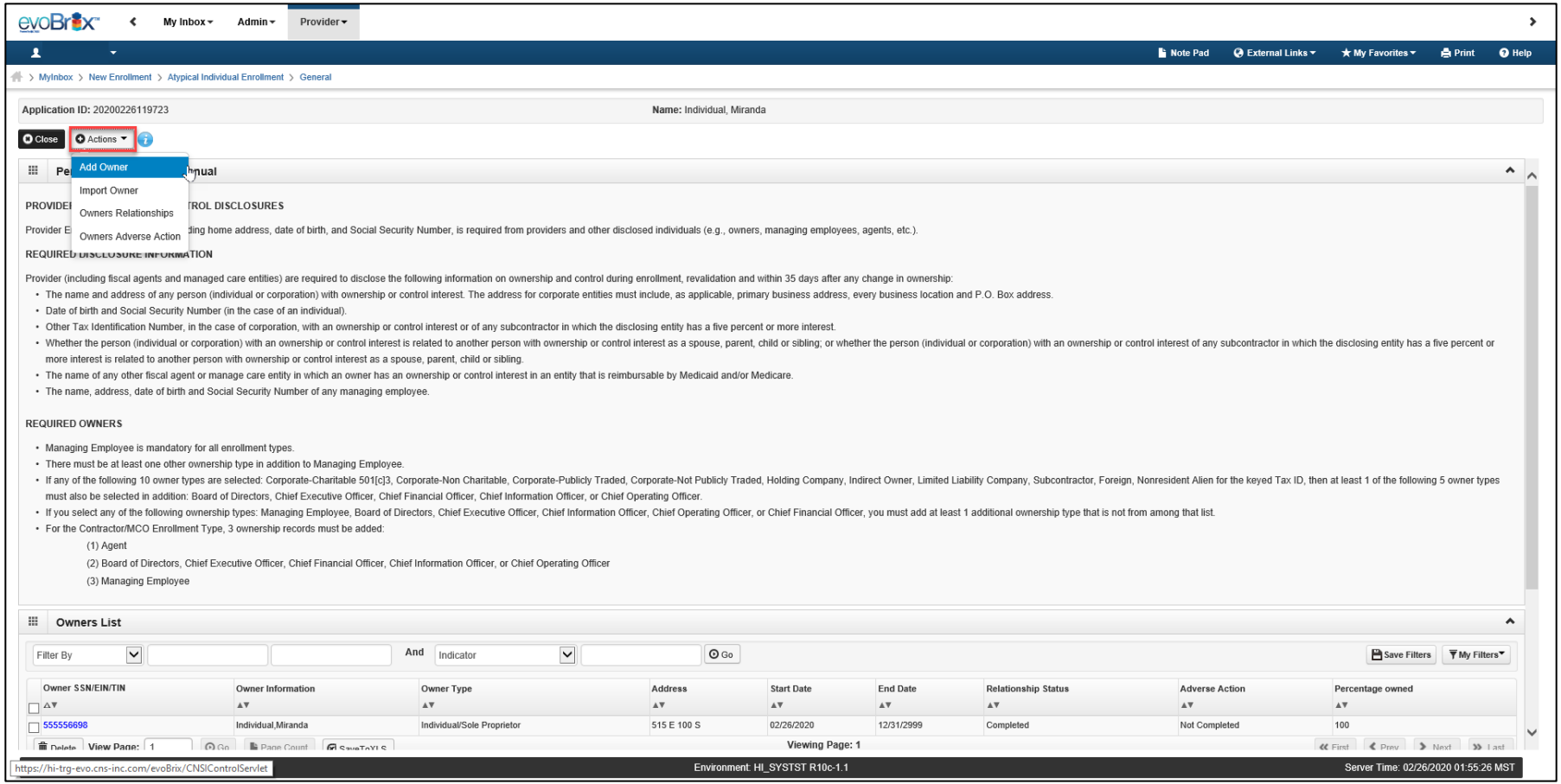
Step 8: Controlling Interest/Ownership Details



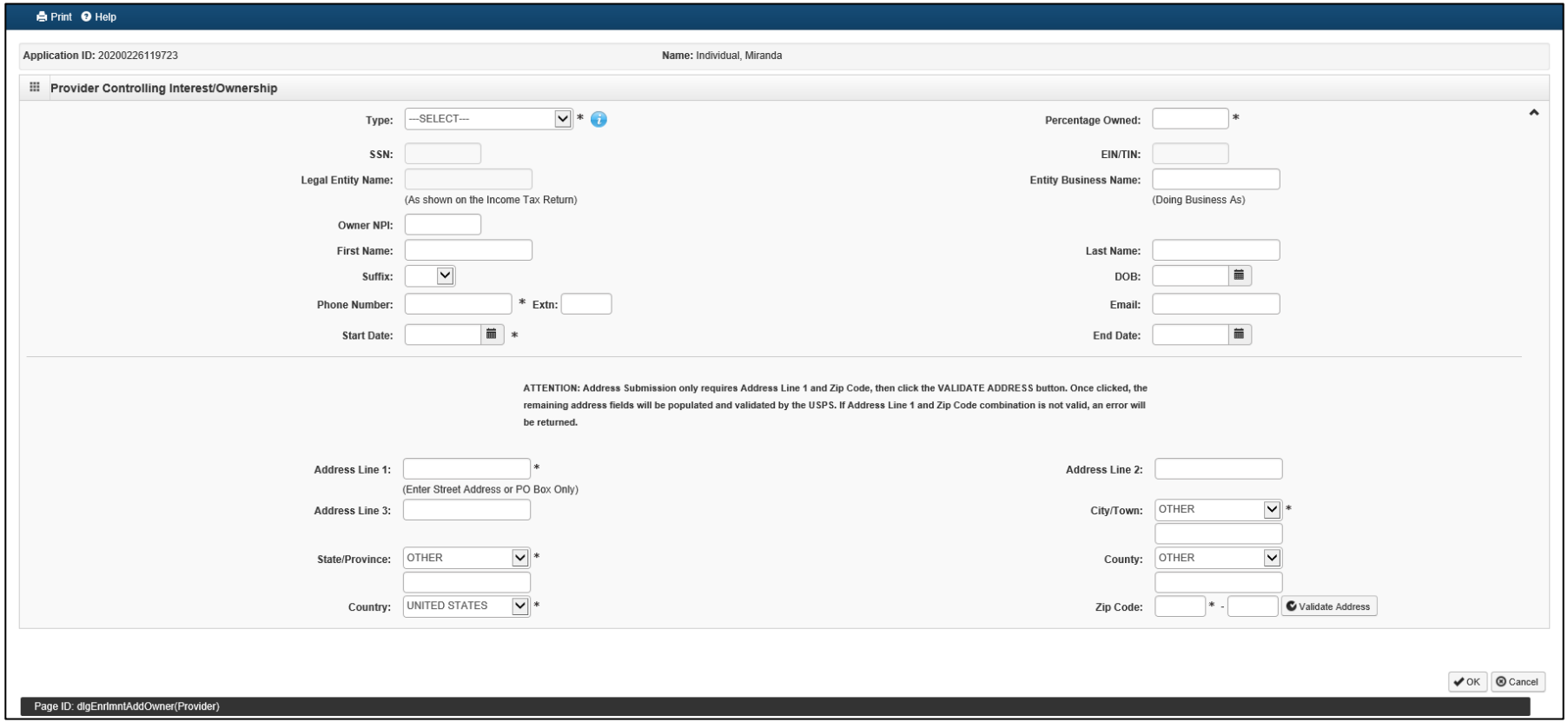
Add Ownership and Disclosure Information



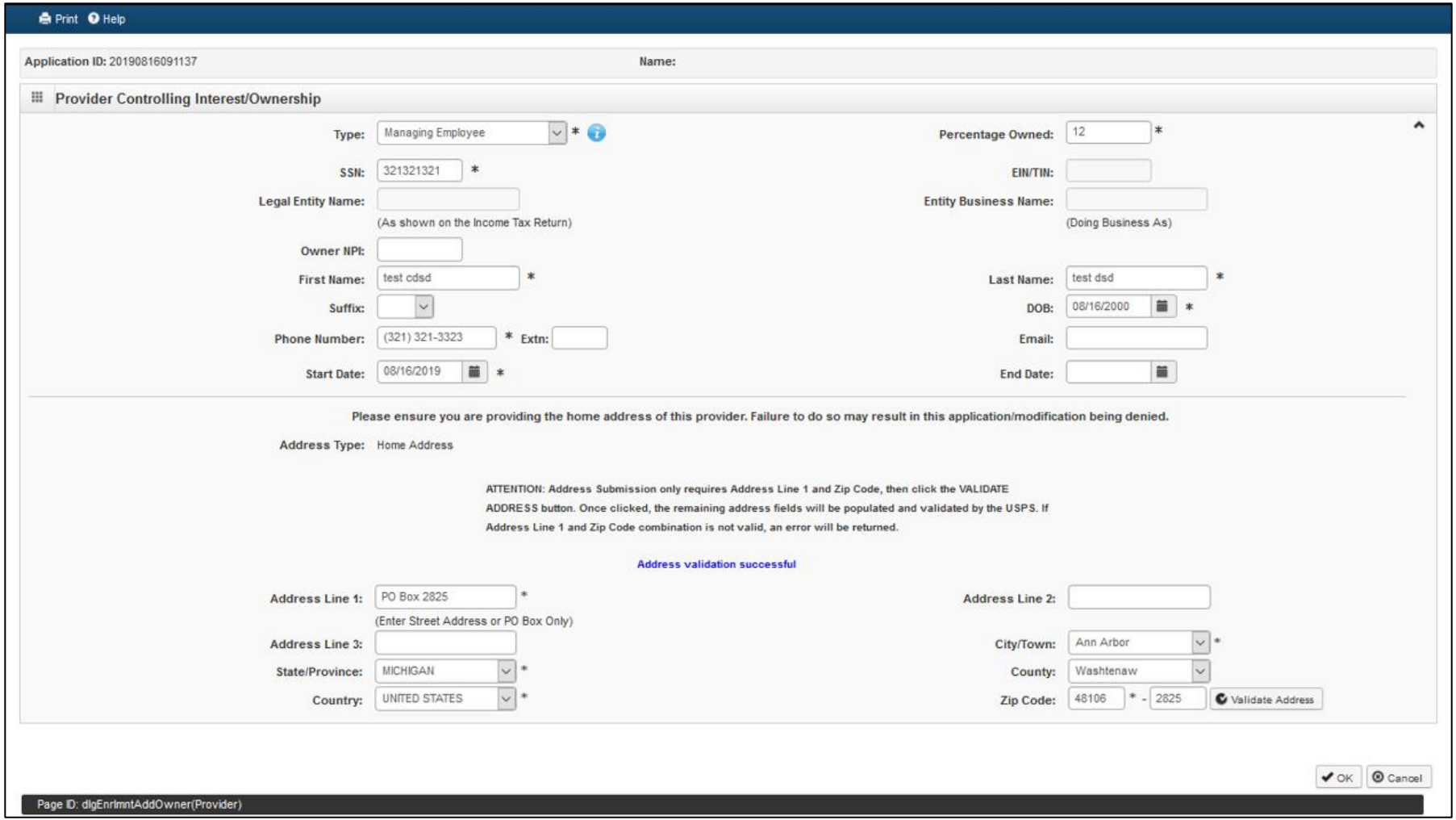
Add Owner



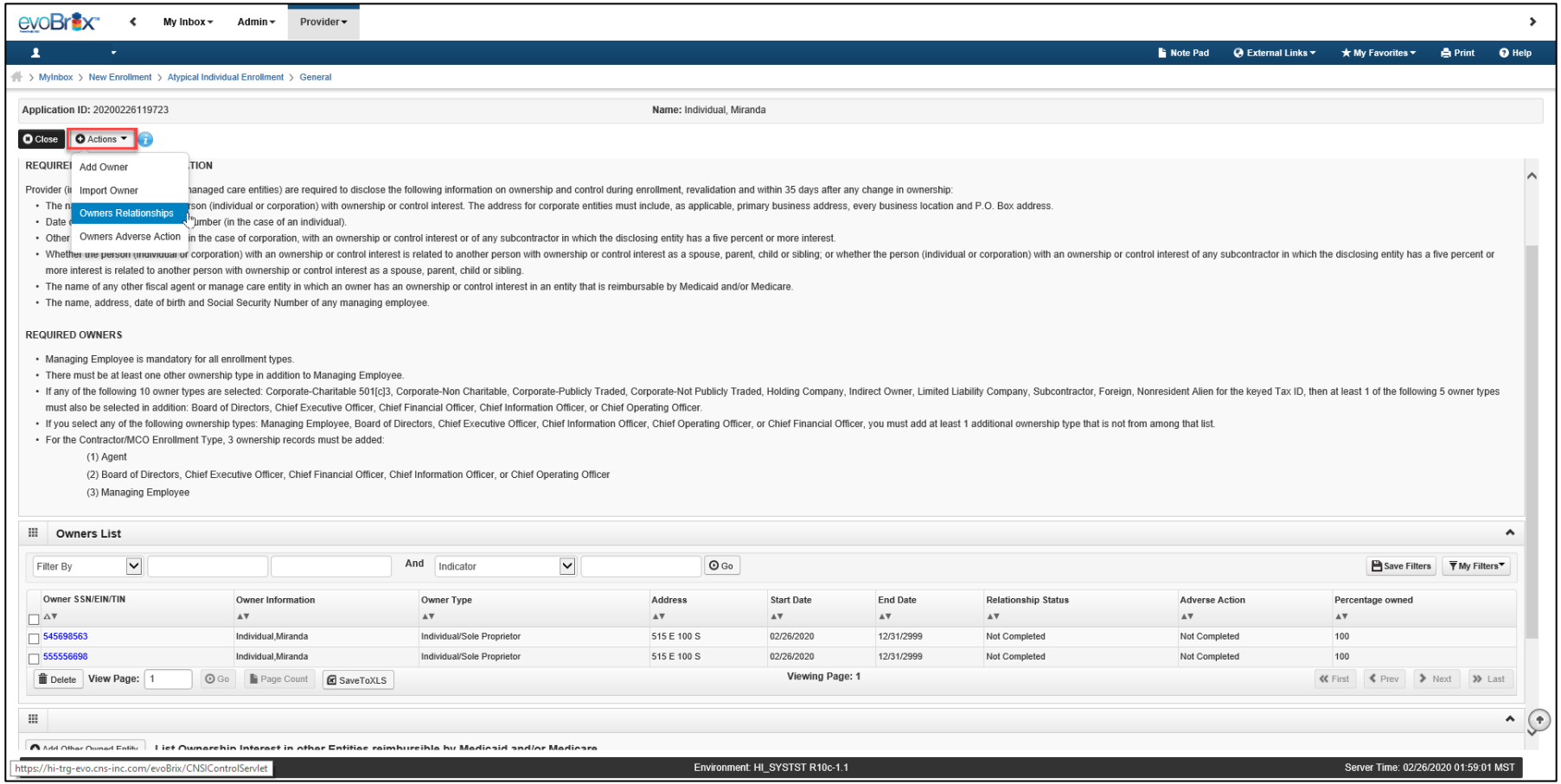
Add Ownership



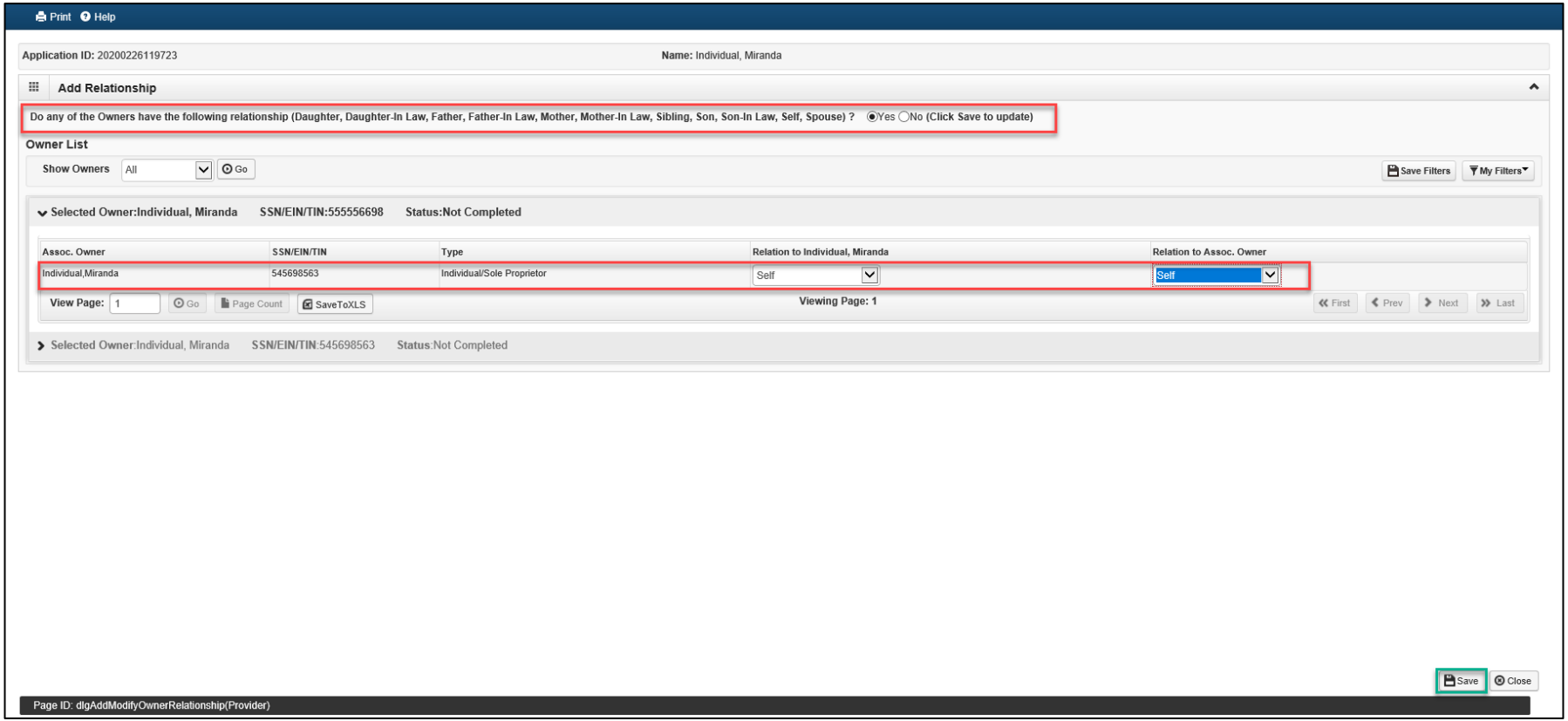
Add Ownership



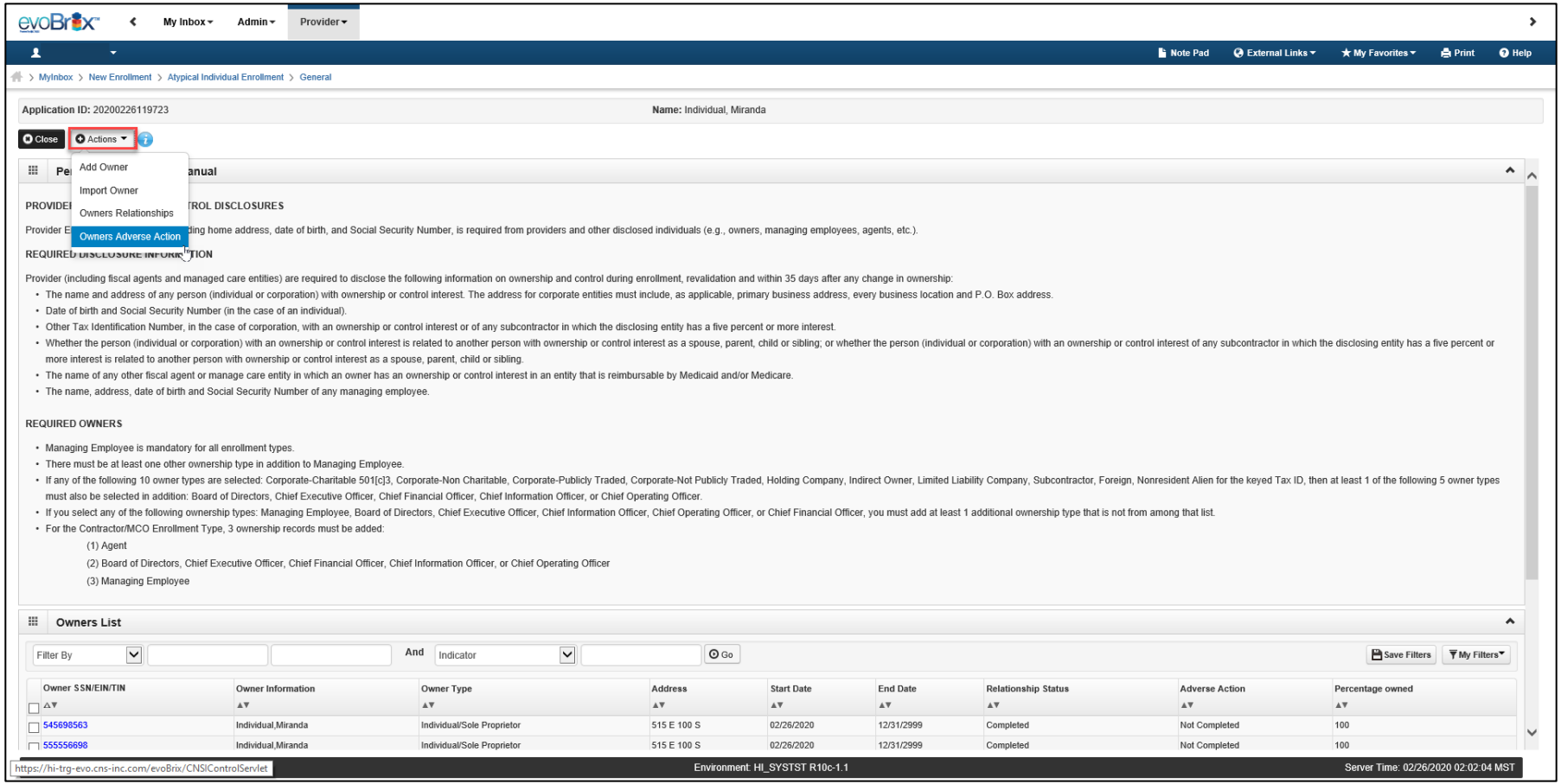
Add Owners Relationship



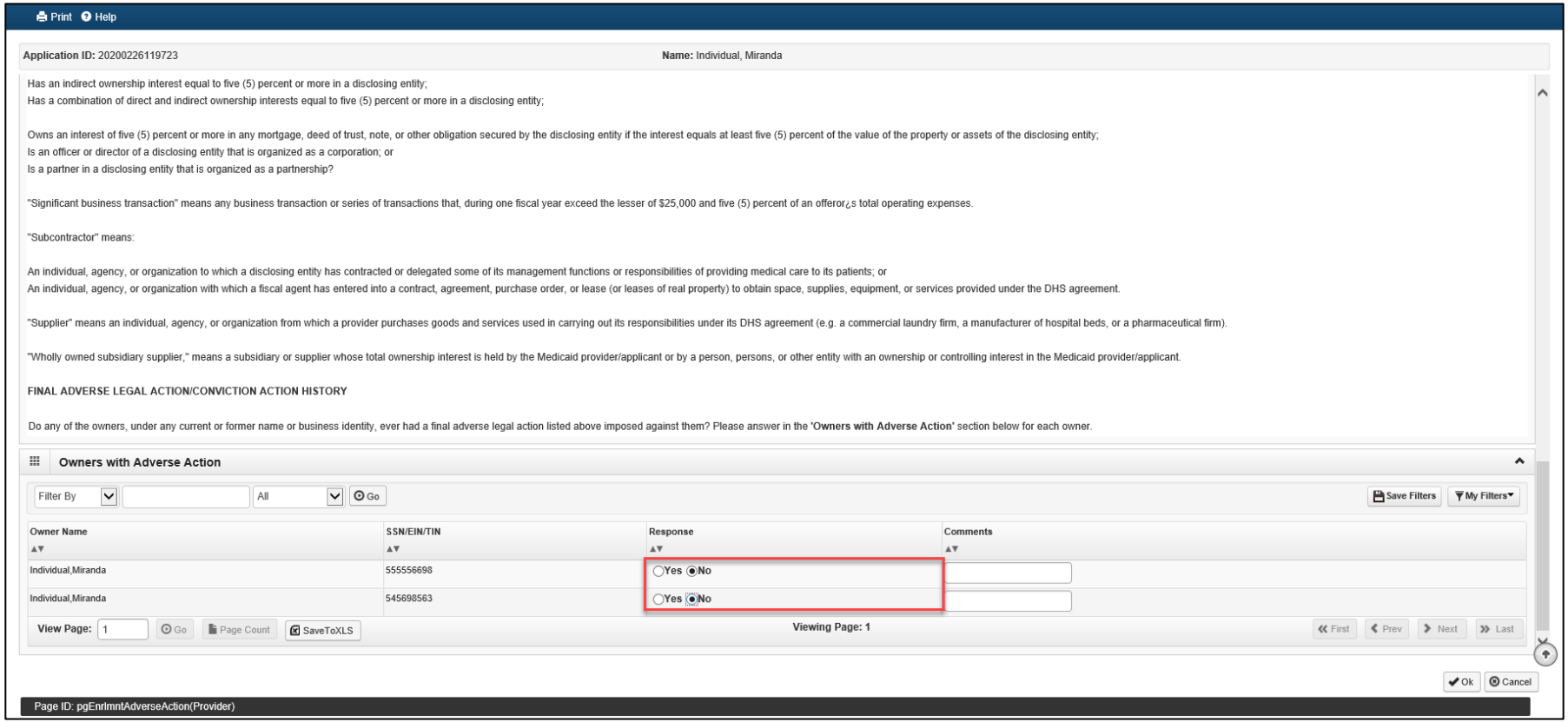
Add Owners Relationship



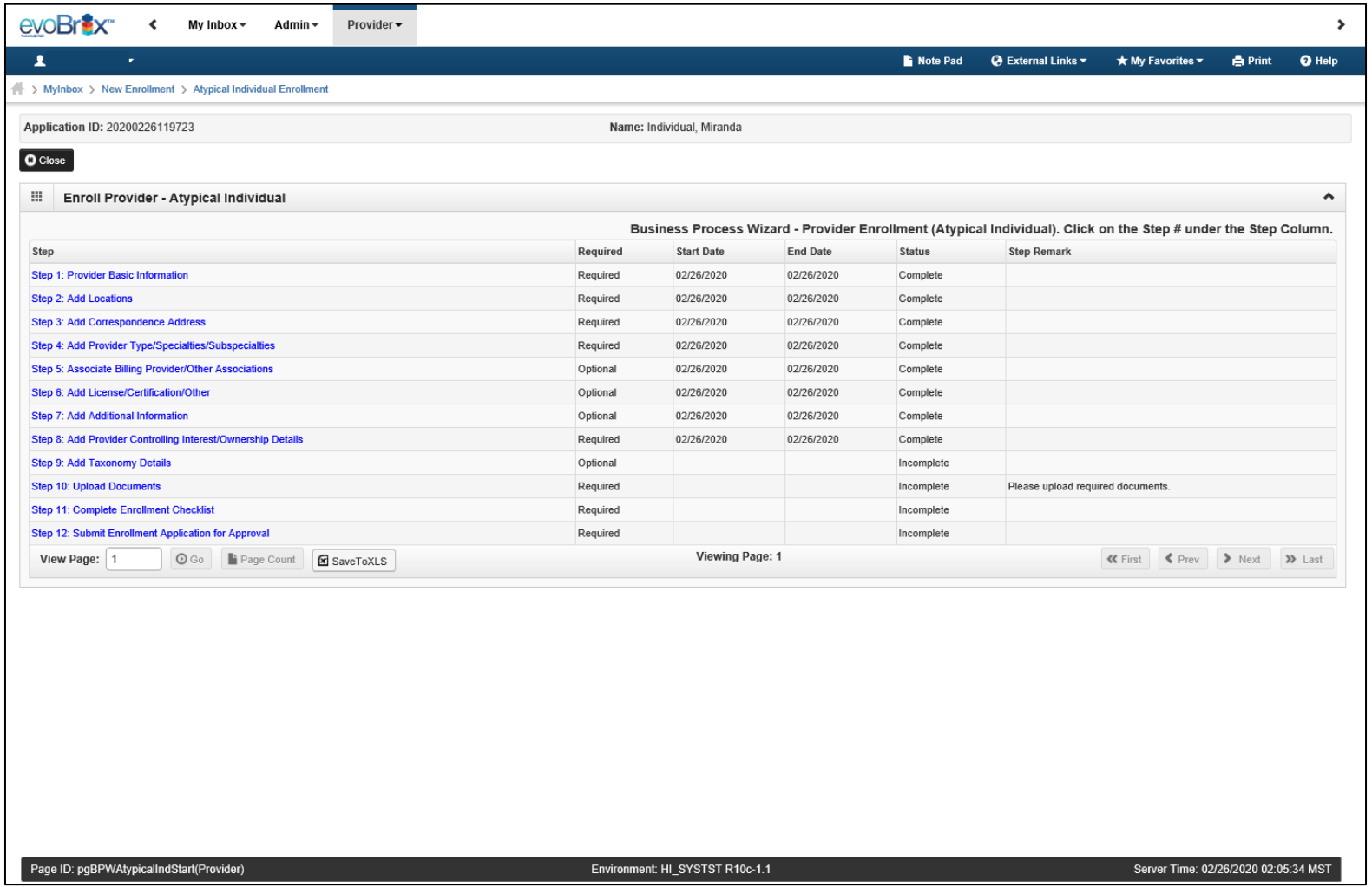
Complete Adverse Actions



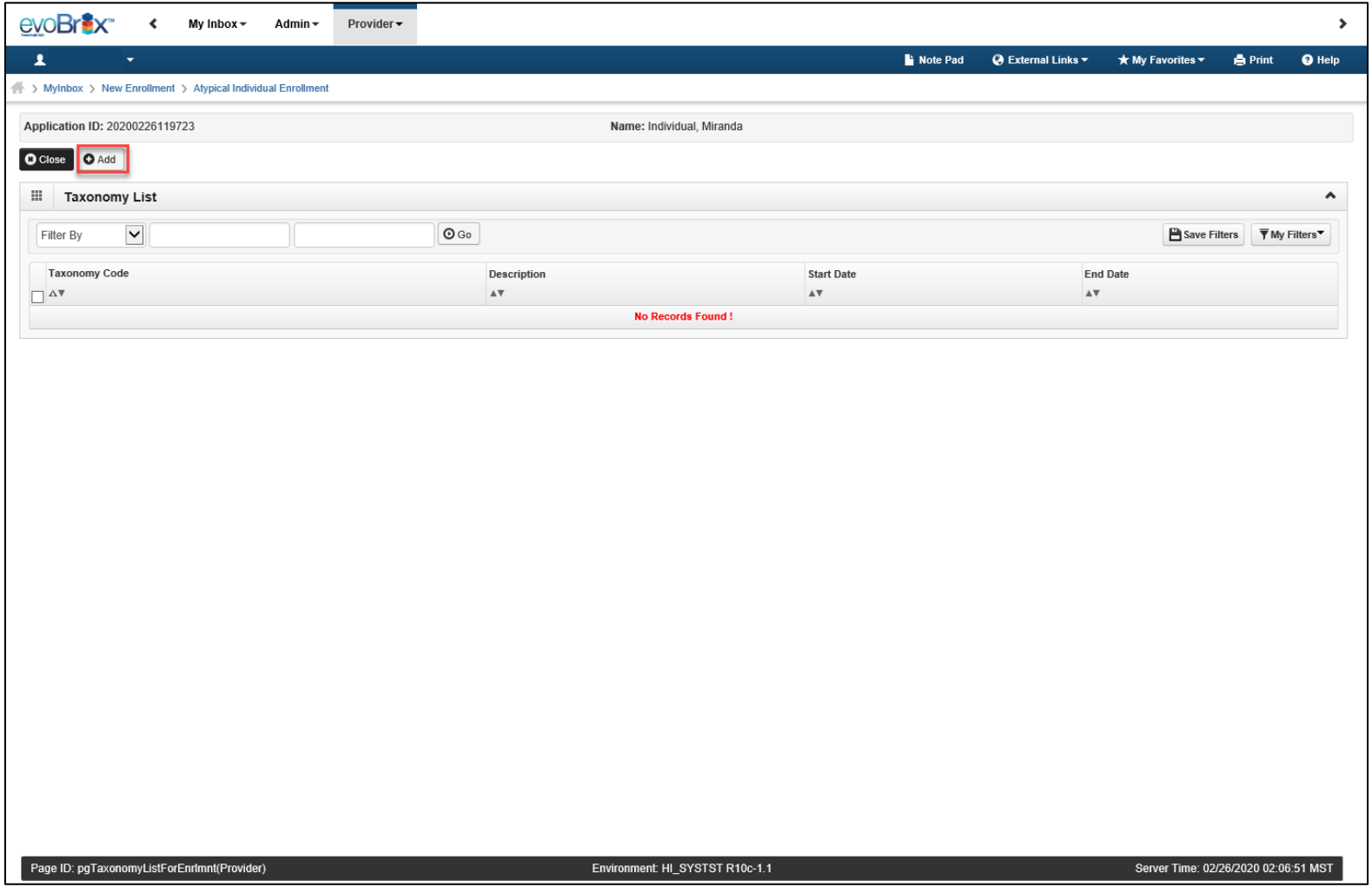
Disclose Adverse Actions



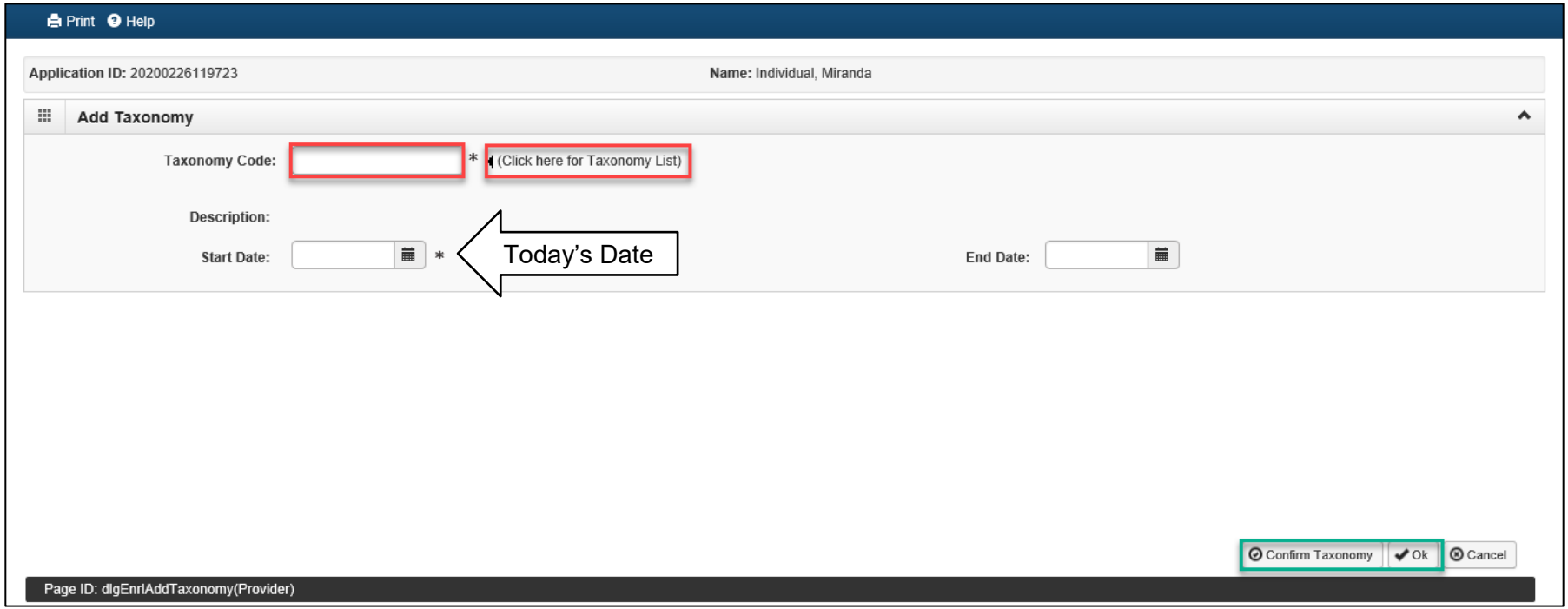
Step 9: Taxonomy Details



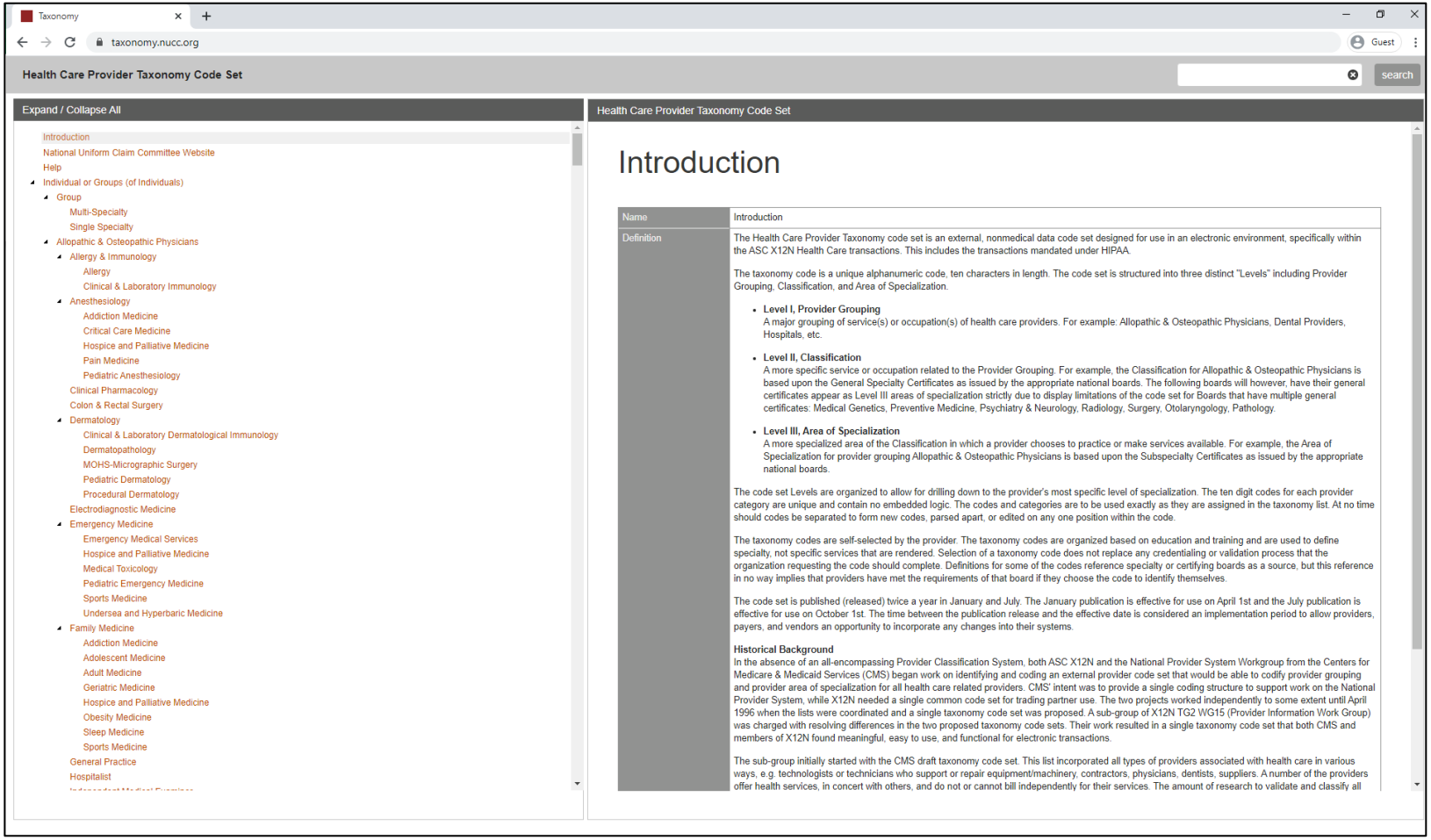
Taxonomy Details



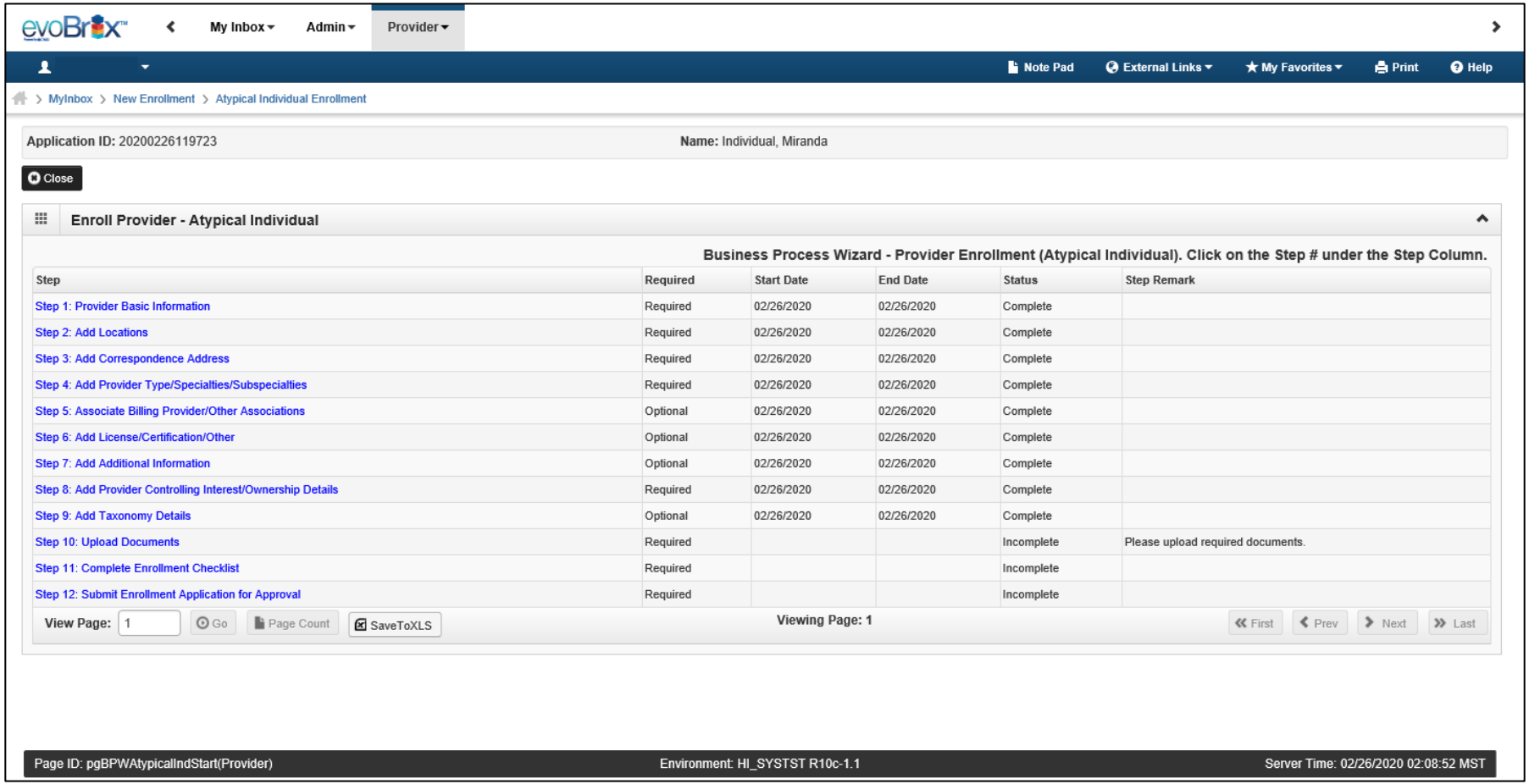
Add Taxonomy



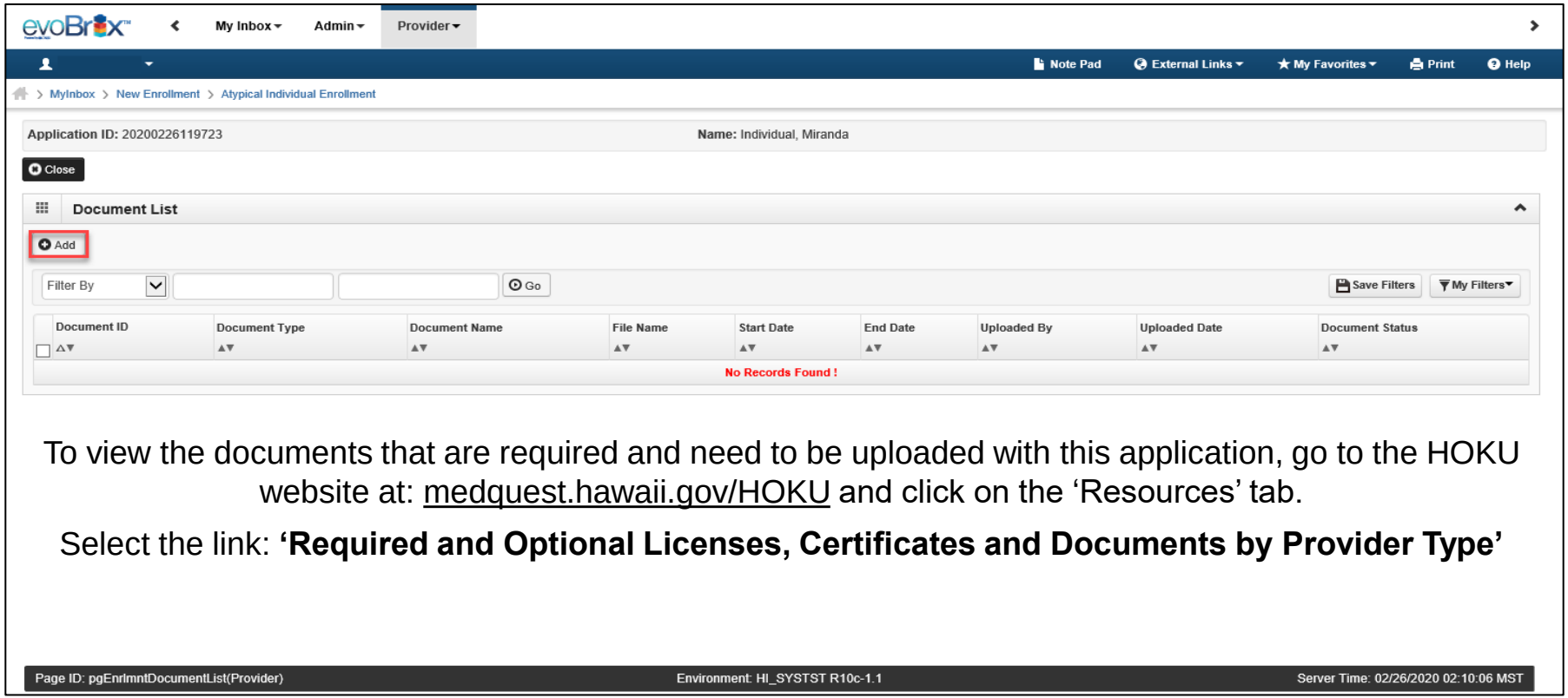
NUCC Taxonomy Code List



Step 10: Upload Documents



Upload Documents

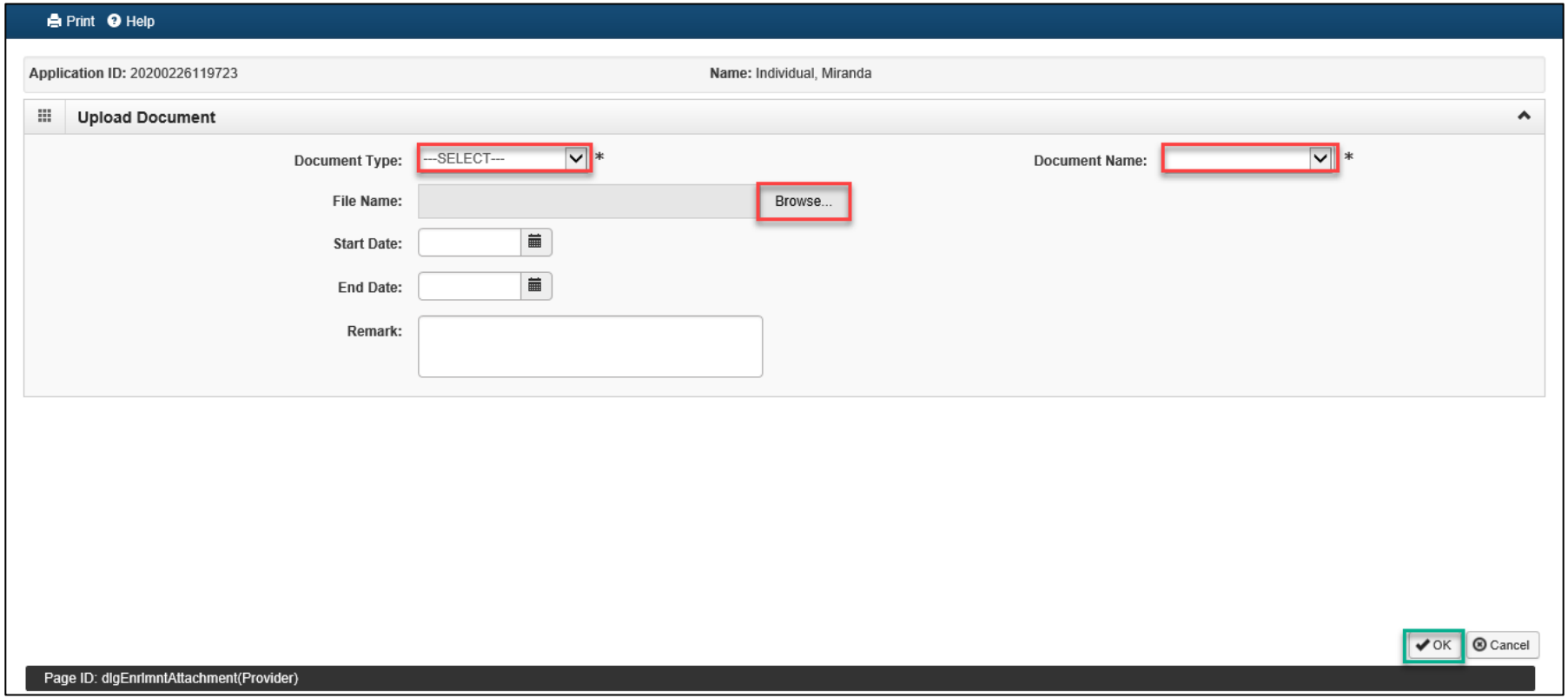


To view the documents that are required and need to be uploaded with this application, go to the HOKU website at: medquest.hawaii.gov/HOKU and click on the 'Resources' tab.

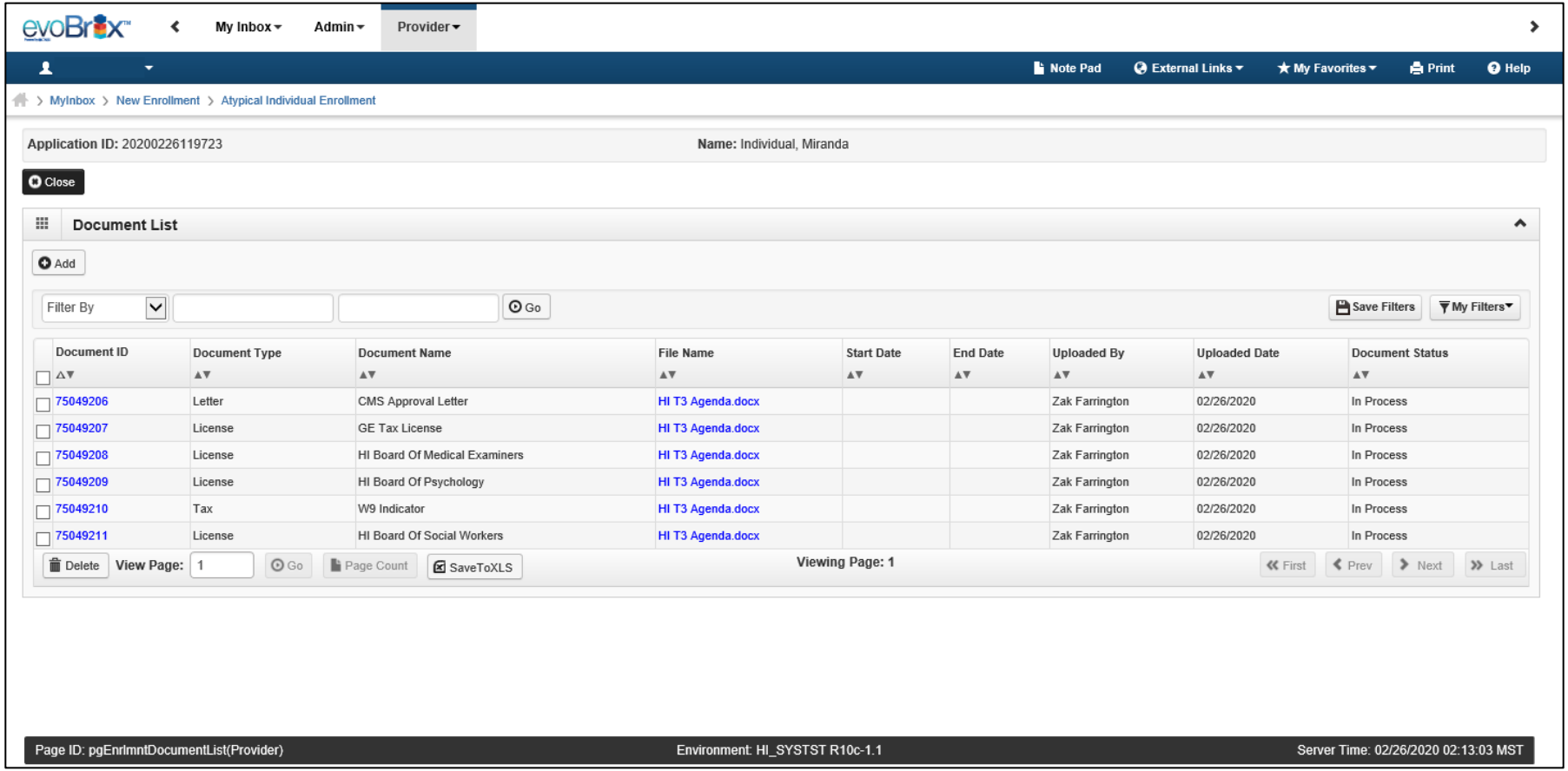
Select the link: **'Required and Optional Licenses, Certificates and Documents by Provider Type'**

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.

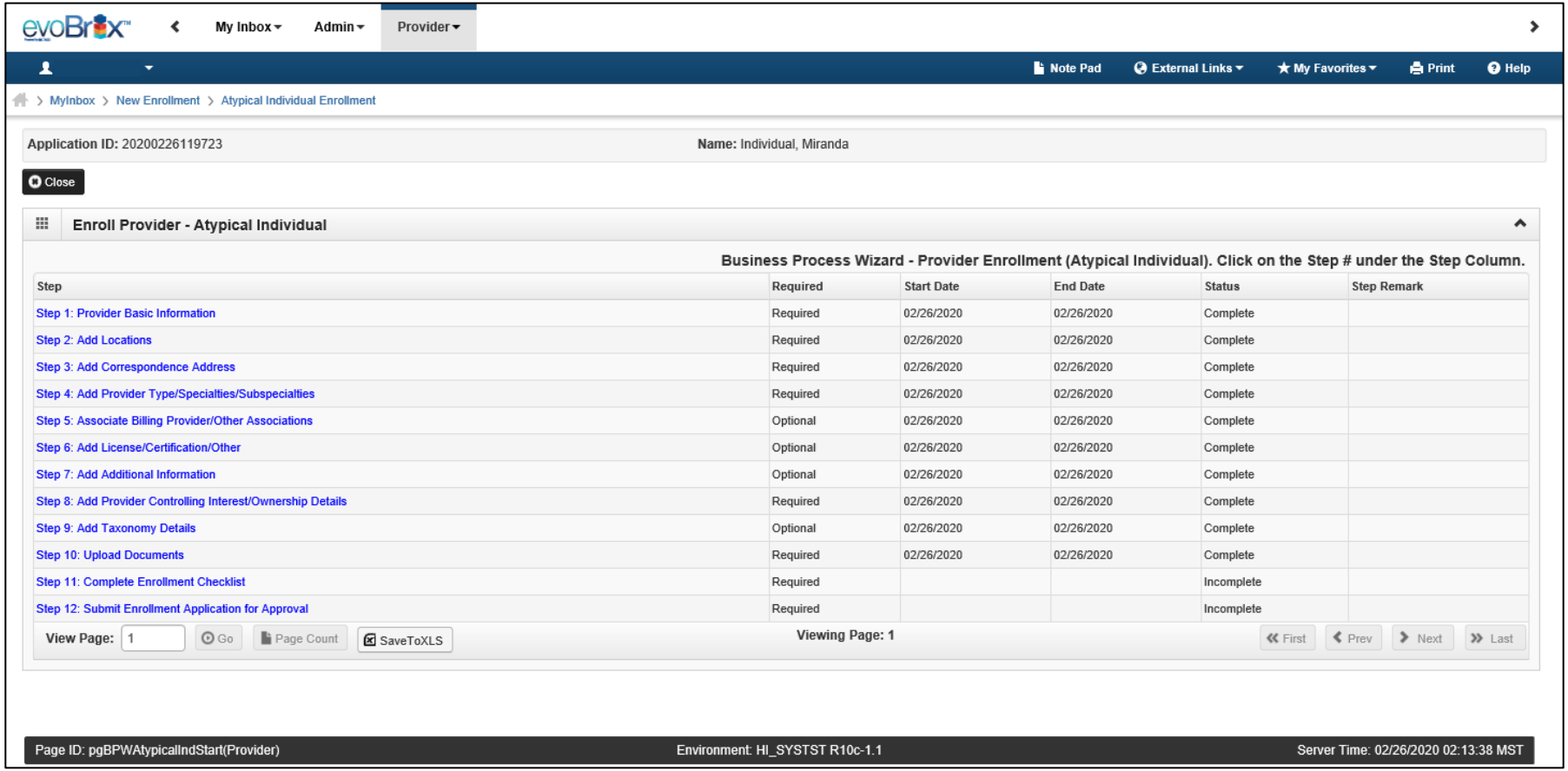
Upload Documents



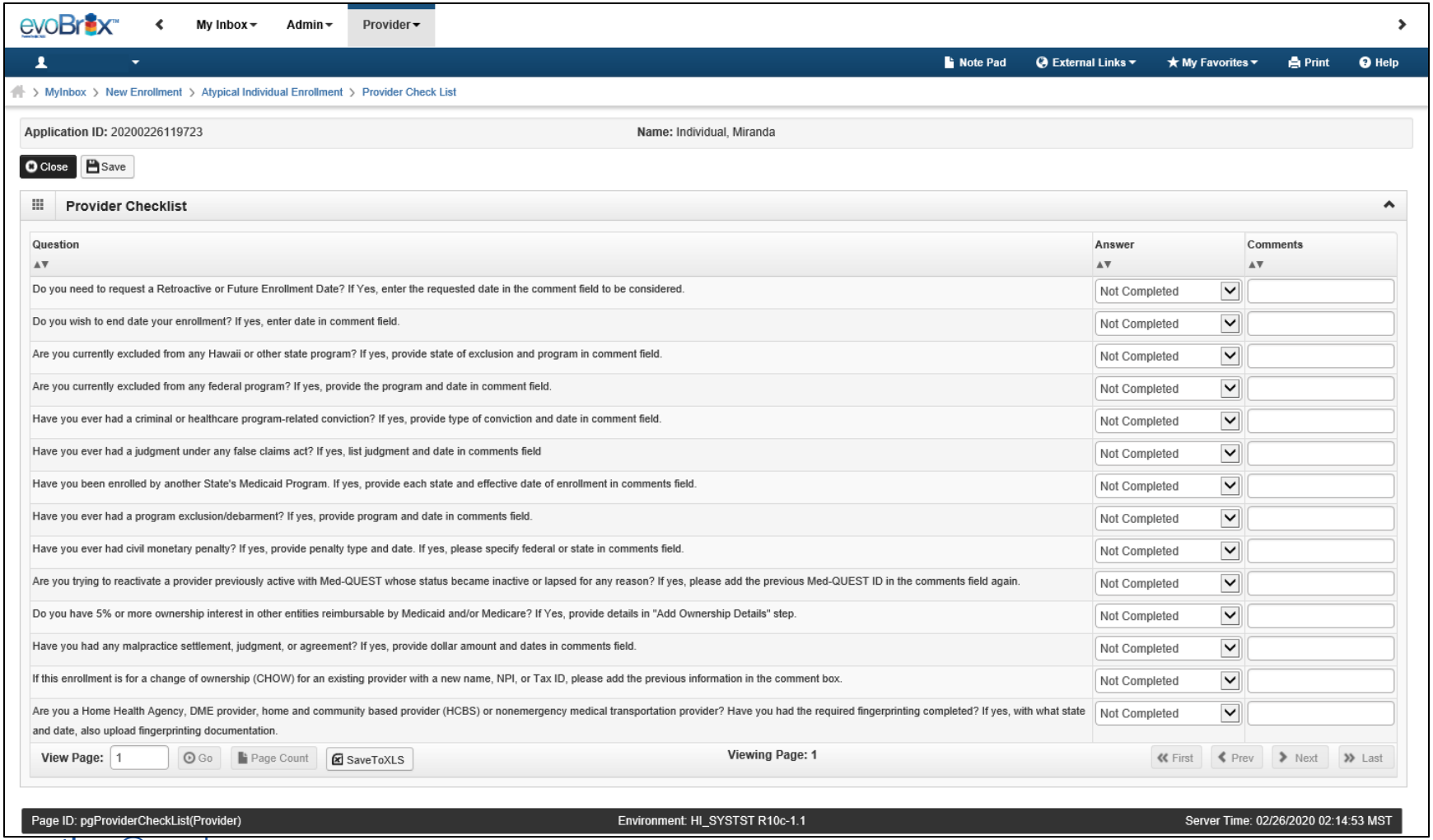
Upload Documents List



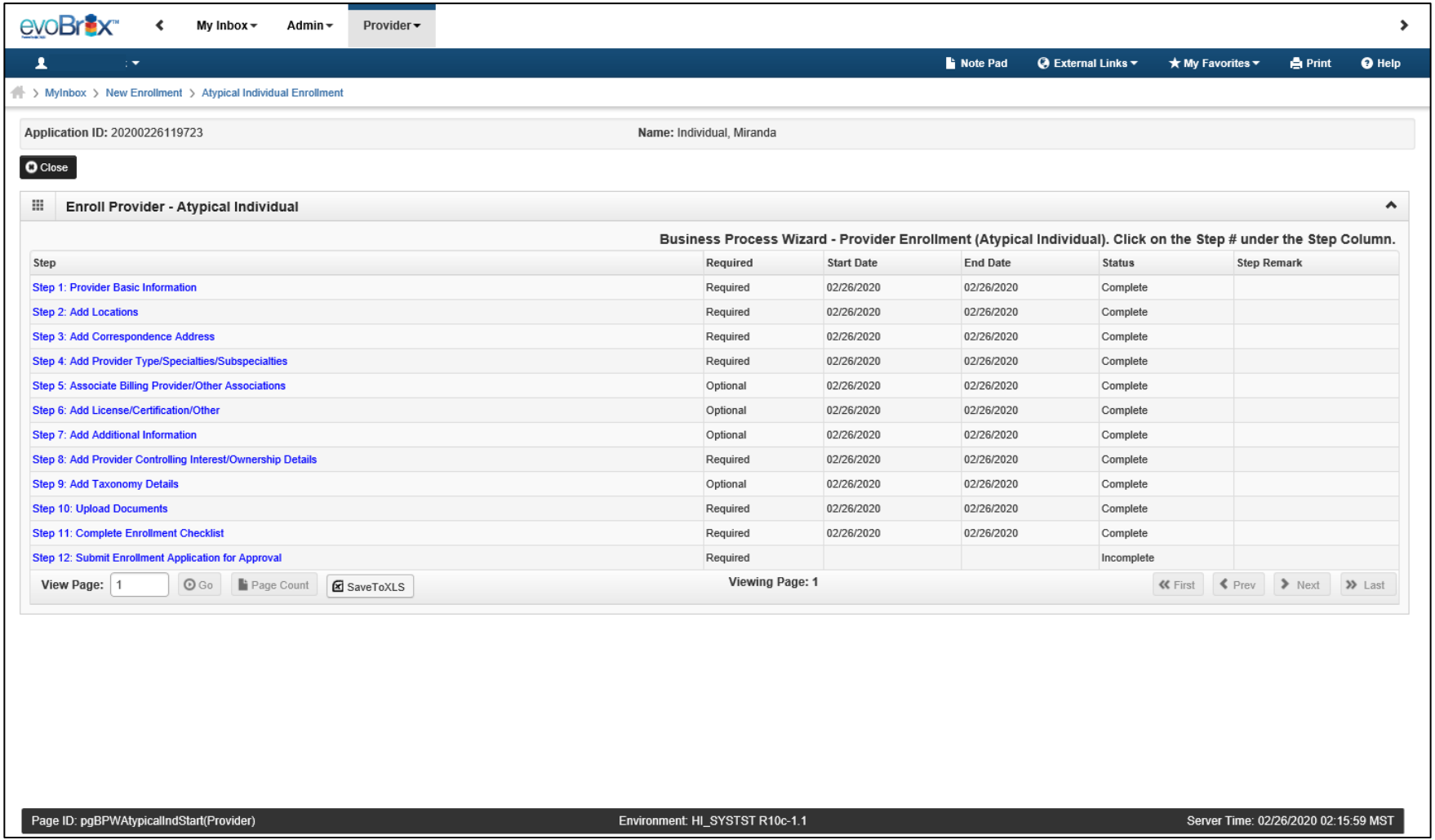
Step 11: Enrollment Checklist



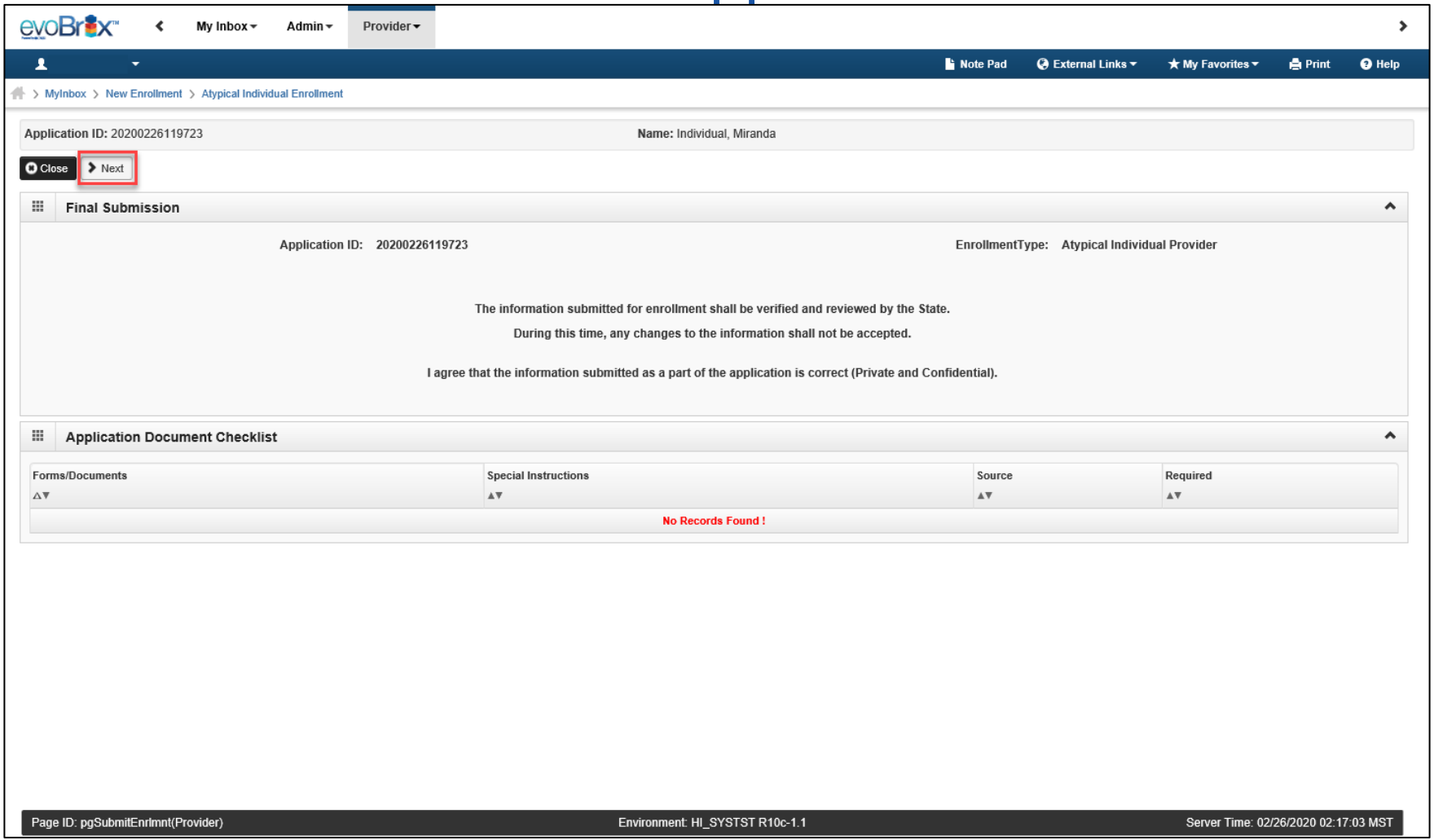
Enrollment Checklist



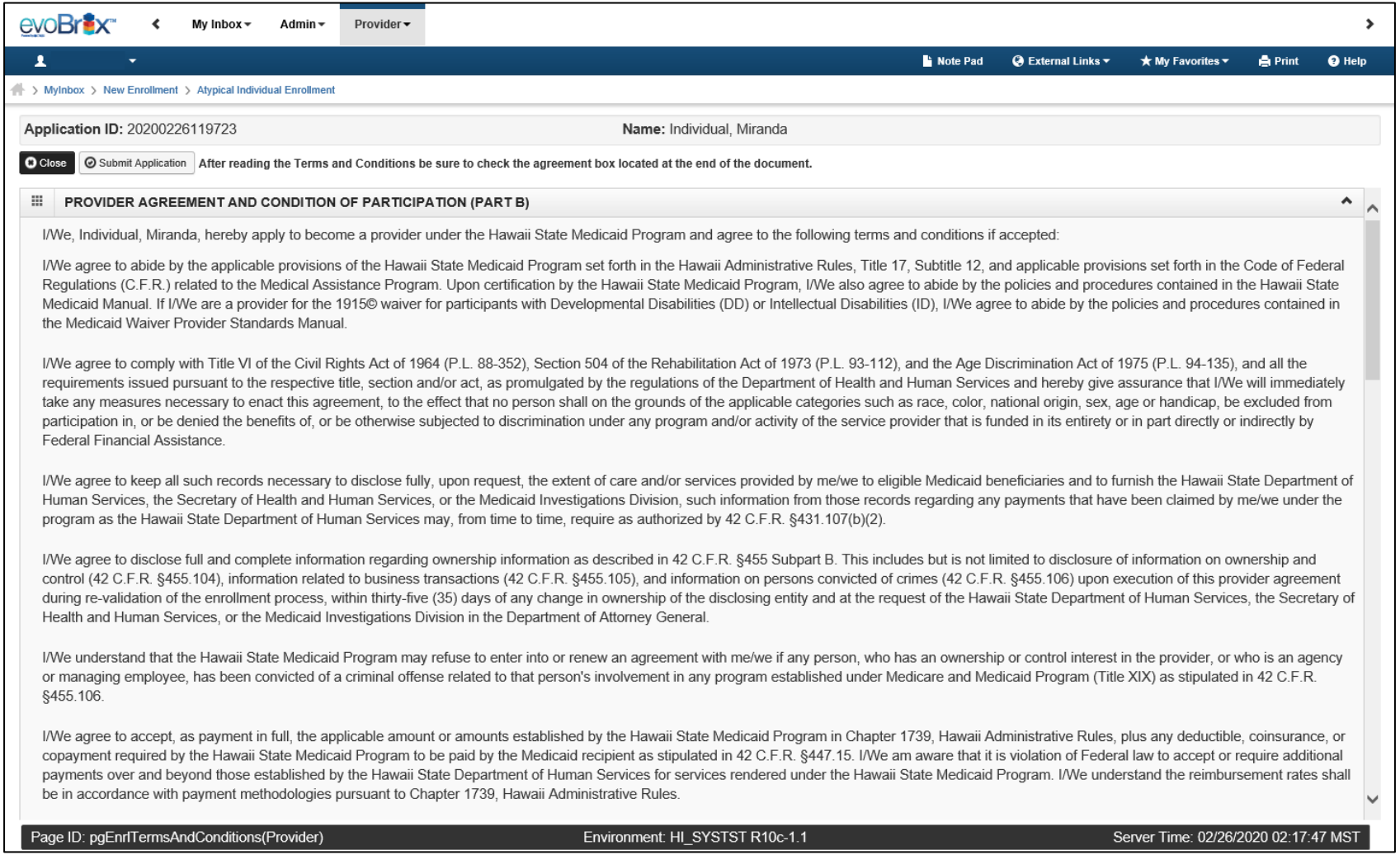
Step 12: Submit Application



Submit Application



Review Provider Participation Agreement



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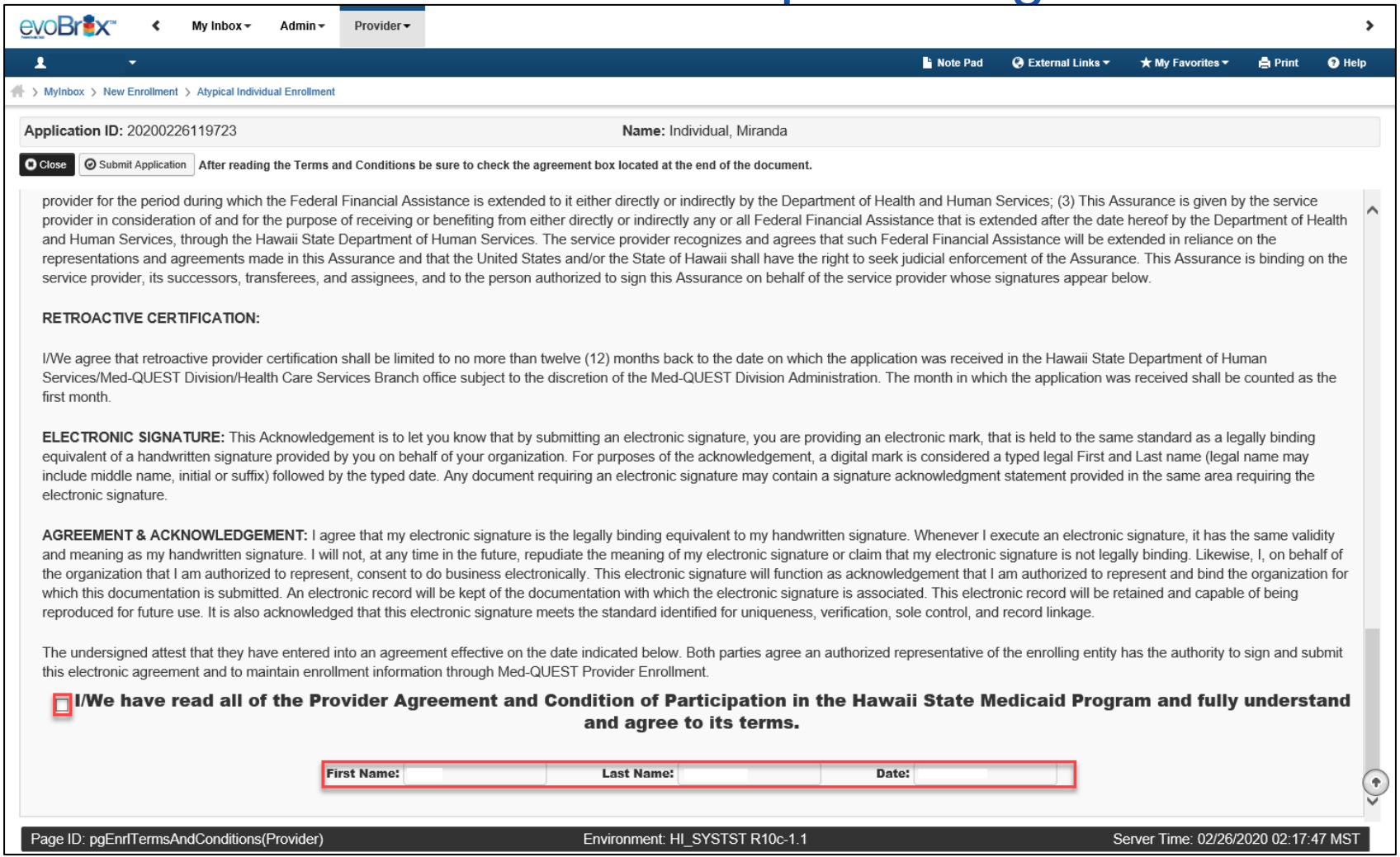
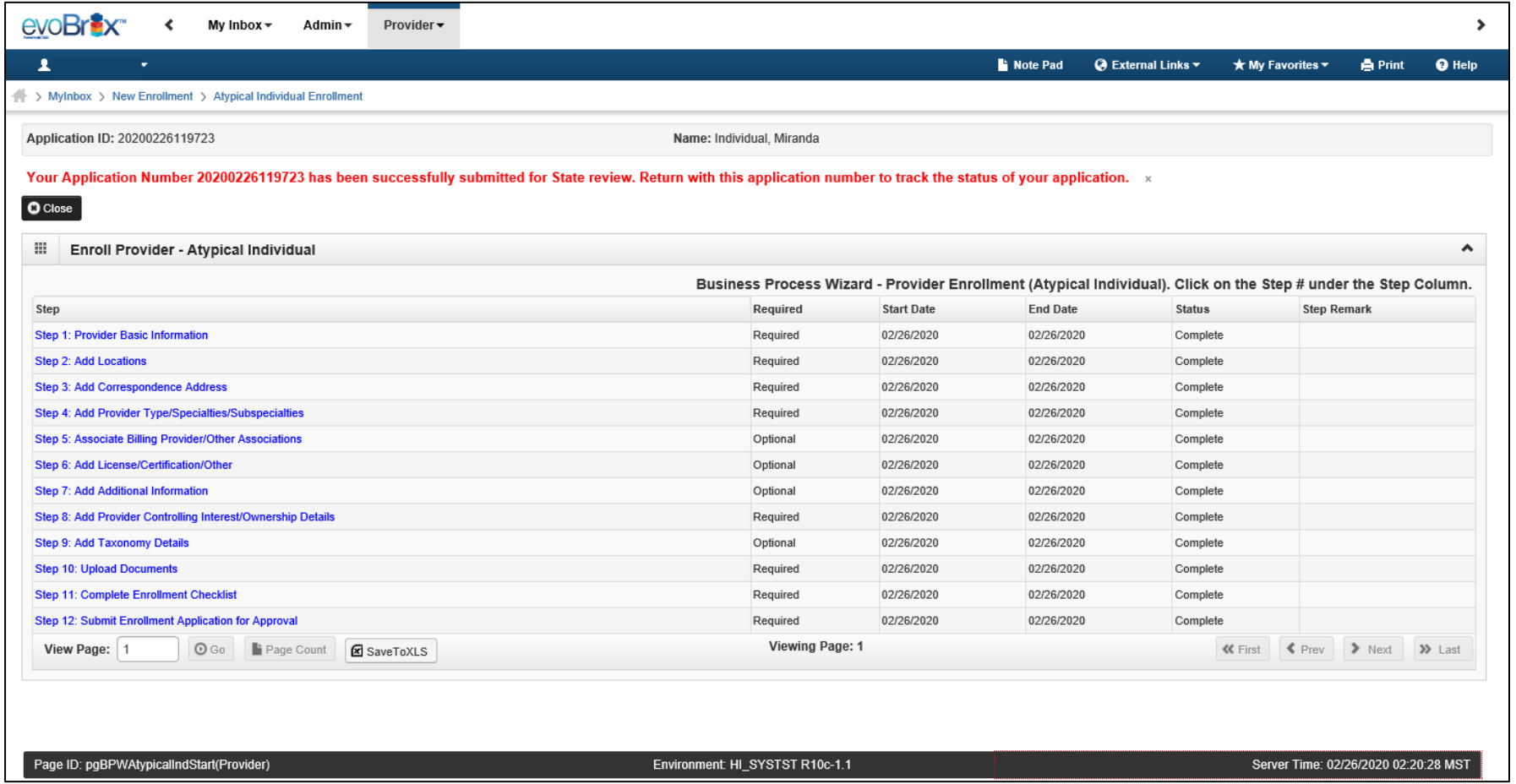


Submission Complete



Contact Med-QUEST

https://medquest.hawaii.gov/HOKU

Email: hcsbinquiries@dhs.hawaii.gov
Phone: 808-692-8099
Fax: 808-692-8087

Office Address:
601 Kamokila Boulevard, Room 506A
Kapolei, HI 96707

Thank You!

Persistence, Perseverance and Passion as always remains our credo.