CNSI innovation@work

Facility/Agency/Organization Enrollment

HOKU New Application Path

October 21, 2020

Selecting FAO Enrollment Type

- If the provider being enrolled is a medical or health care Facility, Agency, or Organization (FAO), that has an NPI, please select the FAO Enrollment Type.
- FAO providers include:
  - Hospitals
  - Nursing Facilities
  - Assisted Living Facilities
  - Rural Health Clinics
  - Federally-Qualified Health Clinics
  - Laboratories and Imaging Centers
  - Rehabilitation Centers
  - Mental Health Facilities
  - Dialysis Centers
  - Outpatient Surgical Centers

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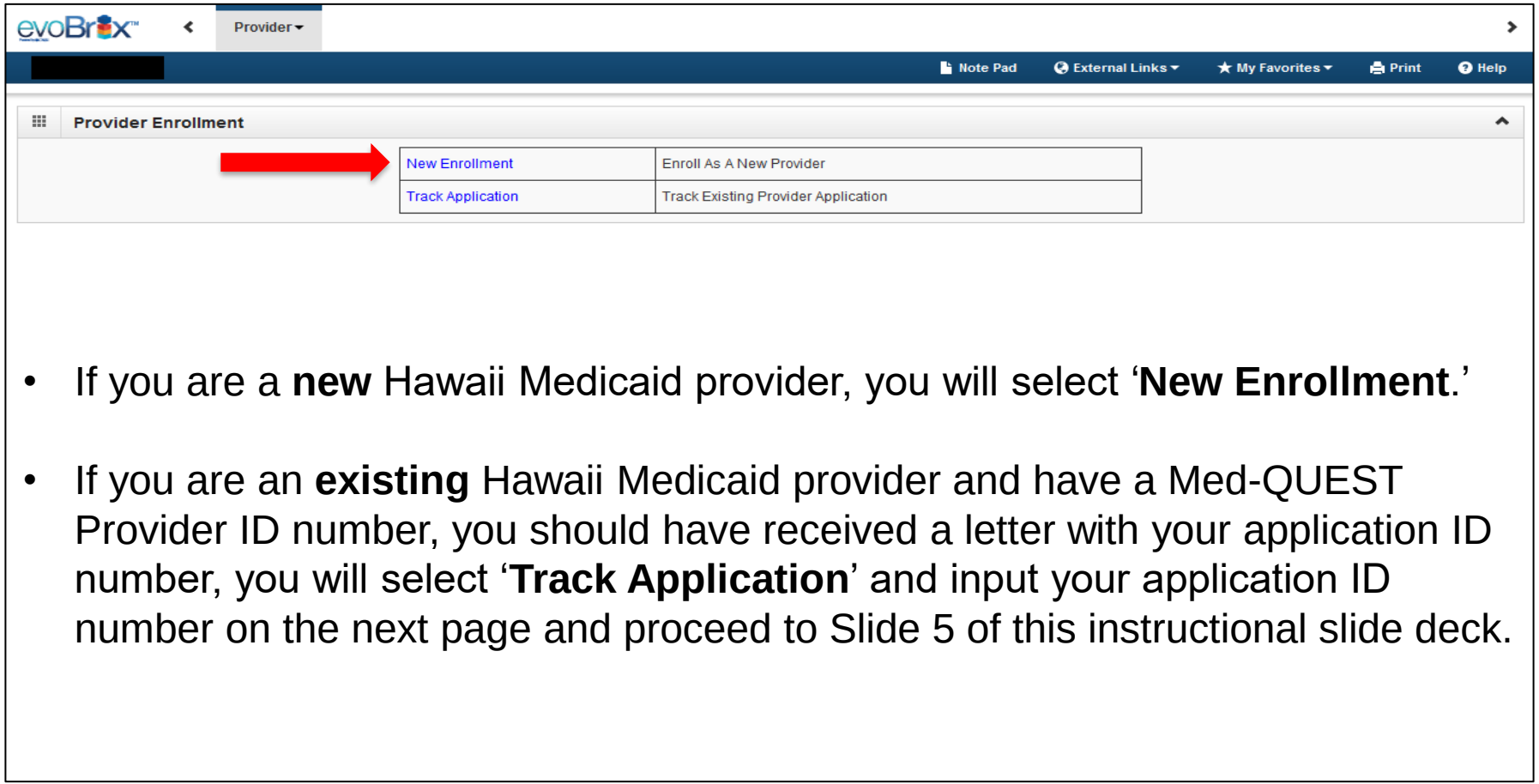
Provider Enrollment Application Selection



- 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.

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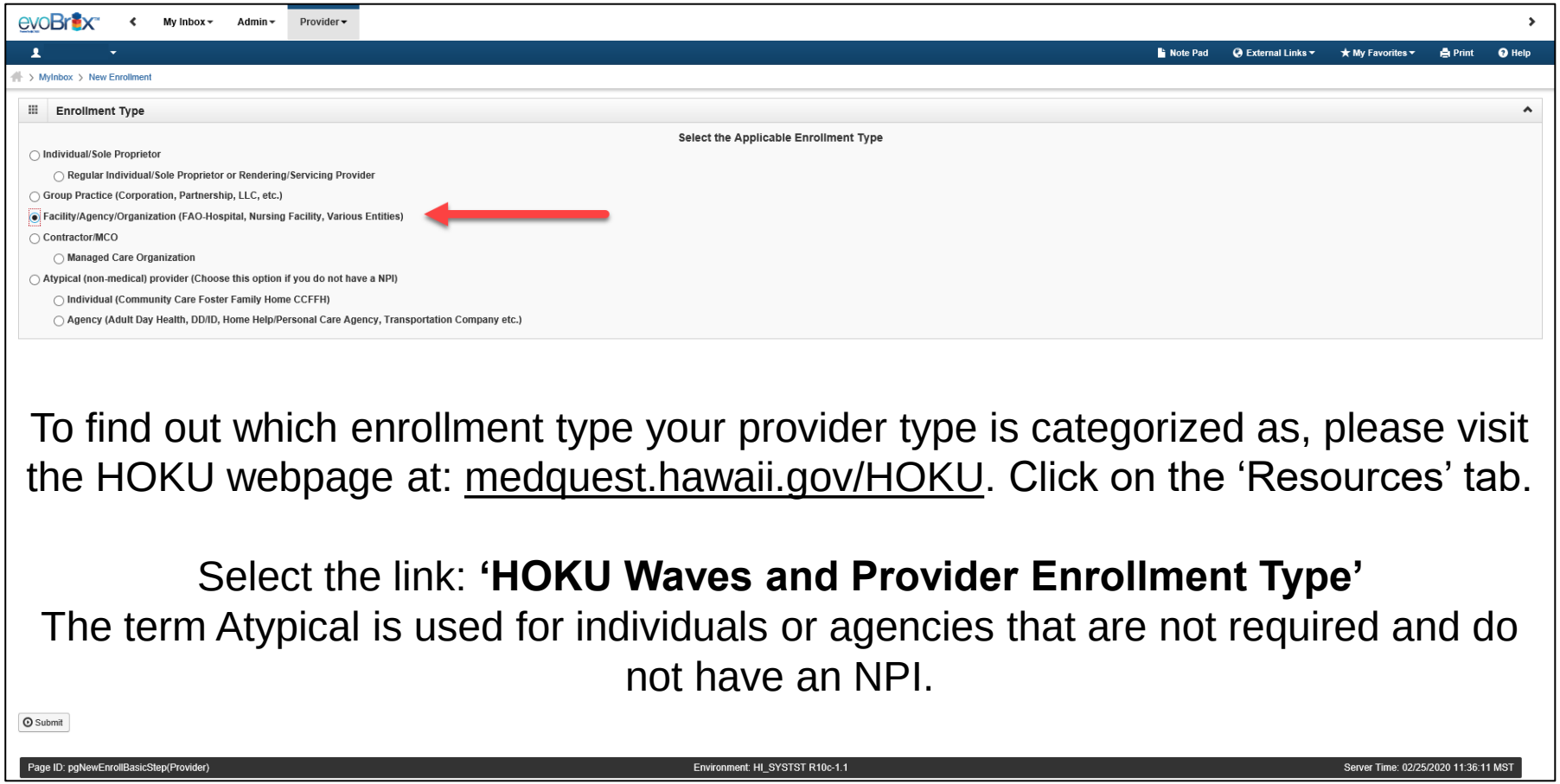
Select the FAO Enrollment Button



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.

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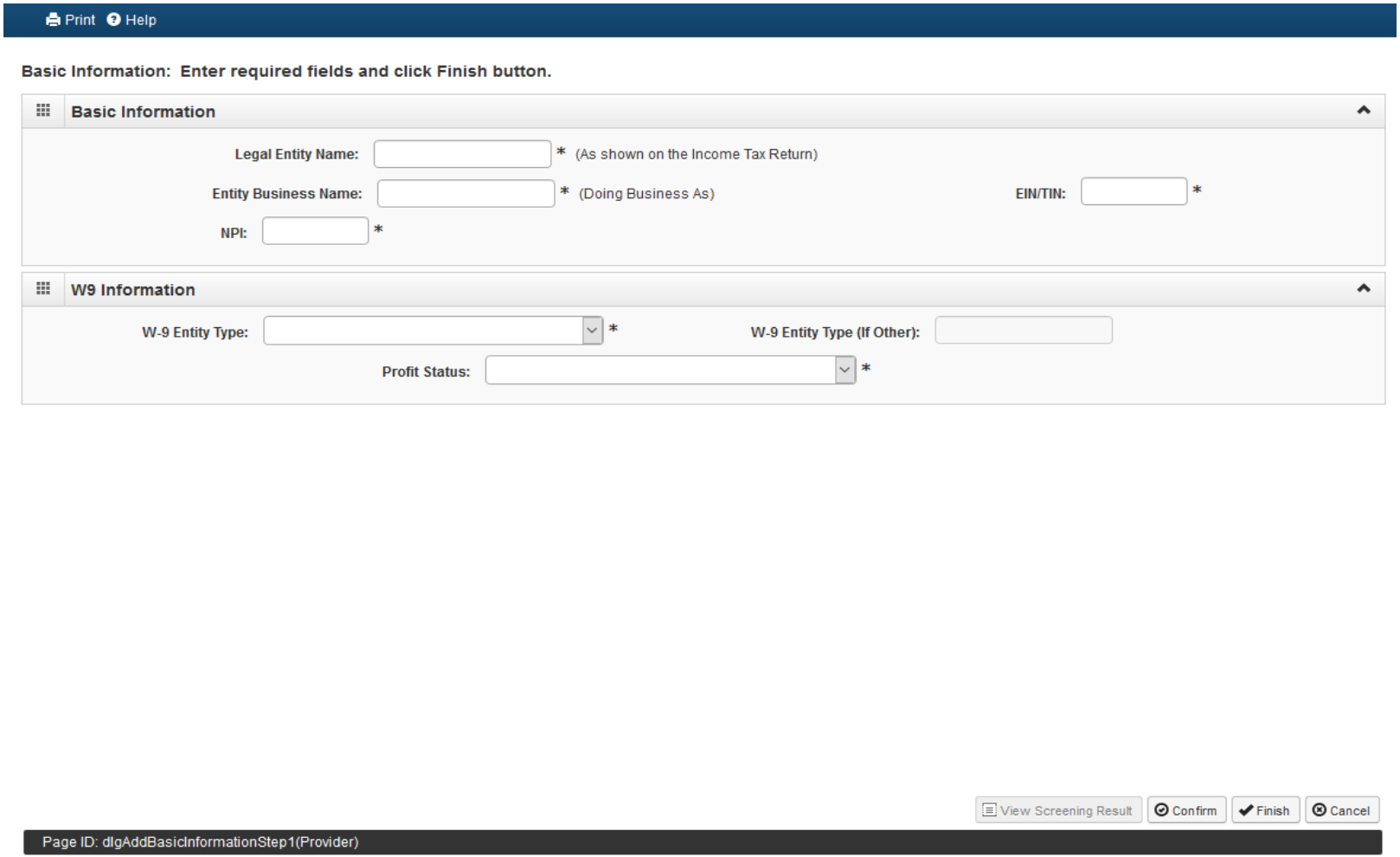
Step 1: Provide Basic Information



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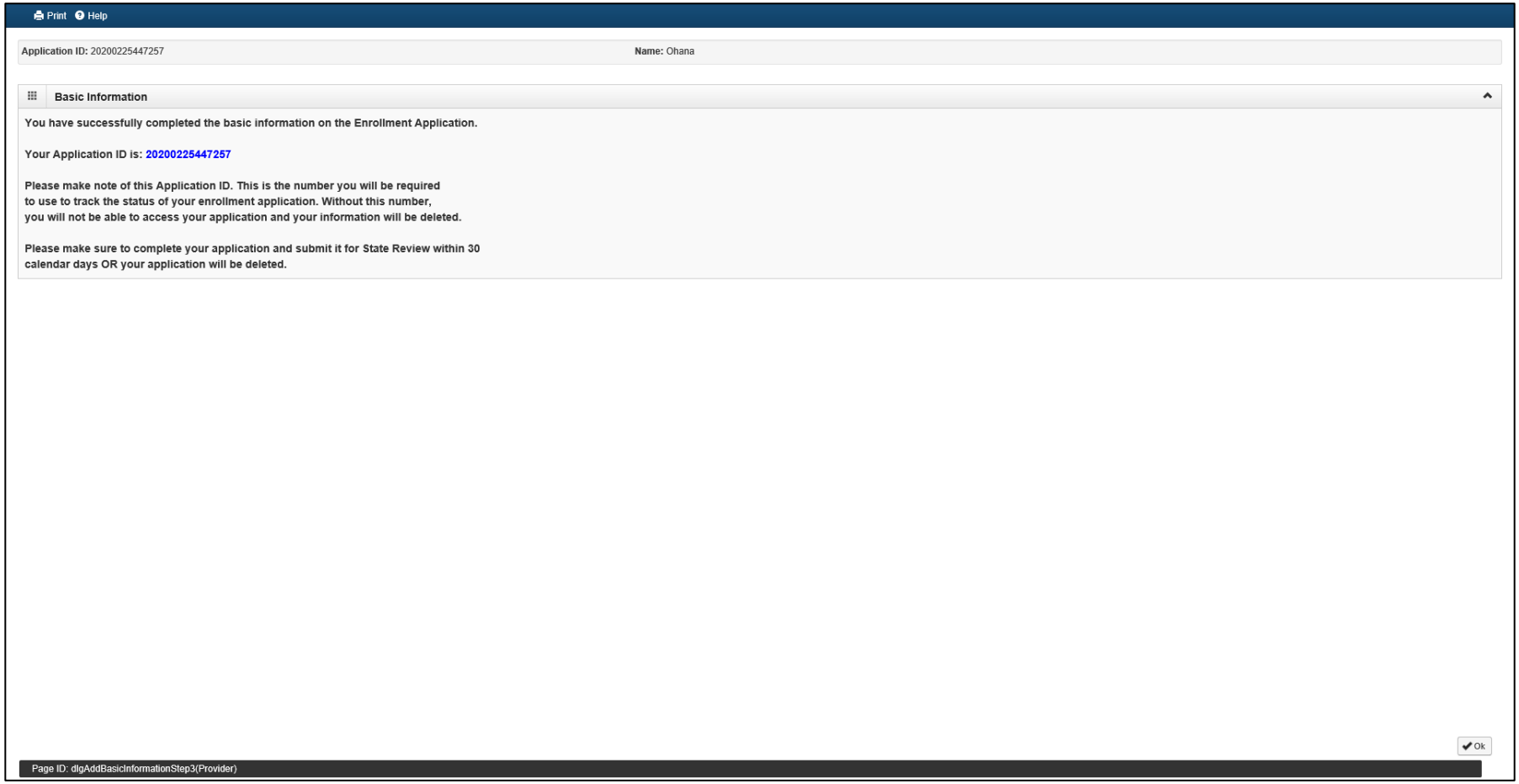
Application ID



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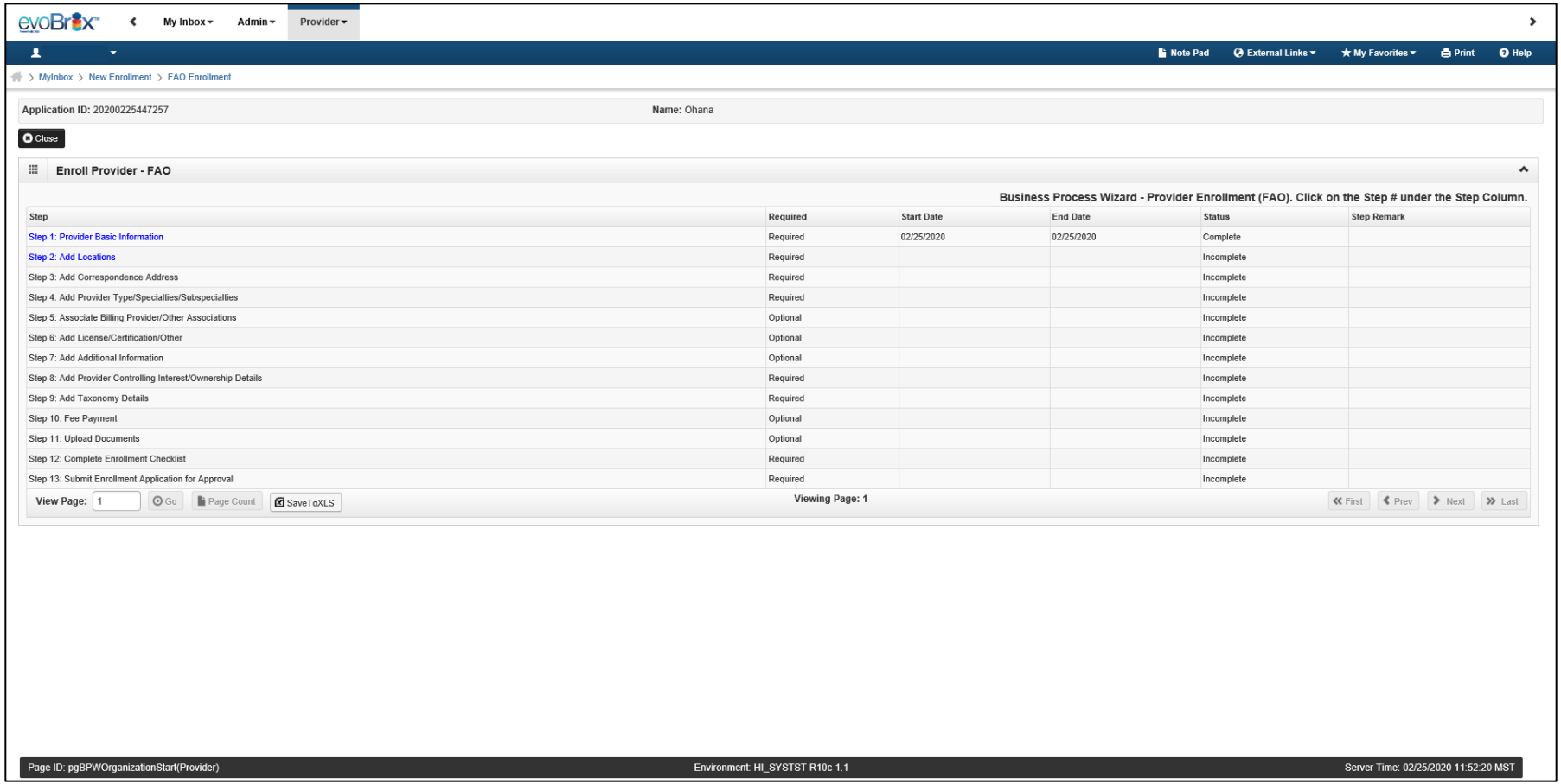
Enrollment Steps



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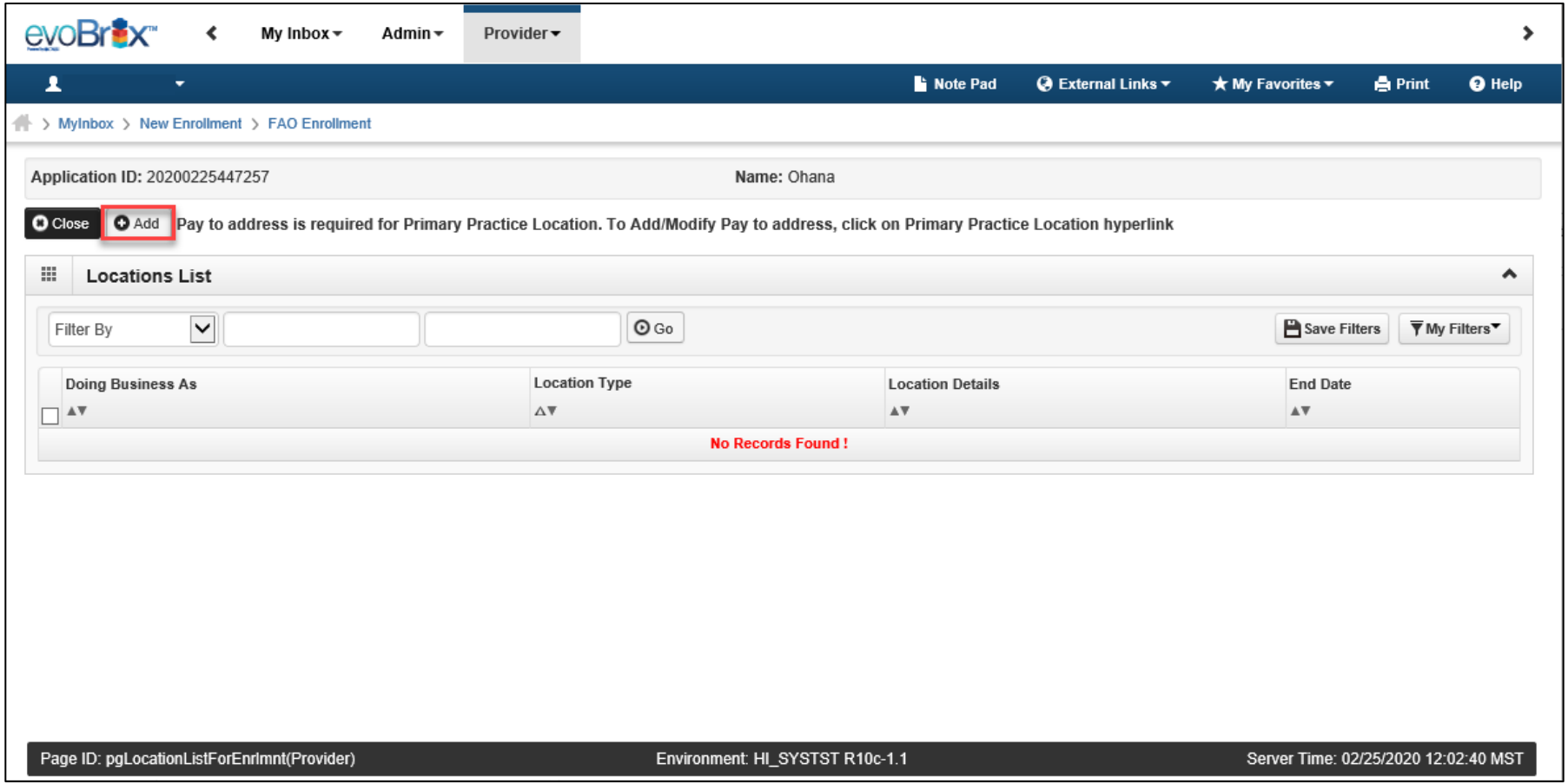
Step 2: Add Locations



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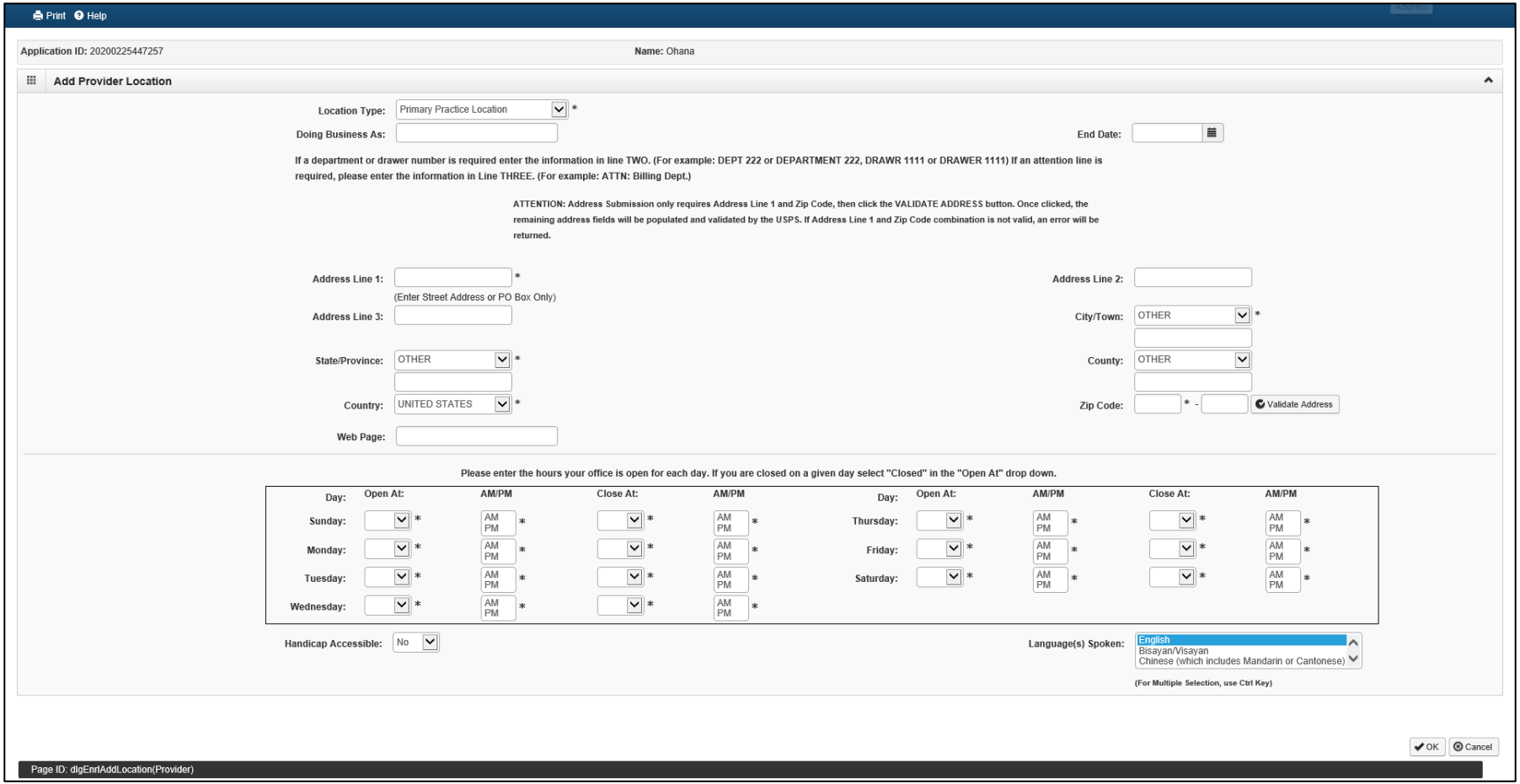
Add Primary Practice Address



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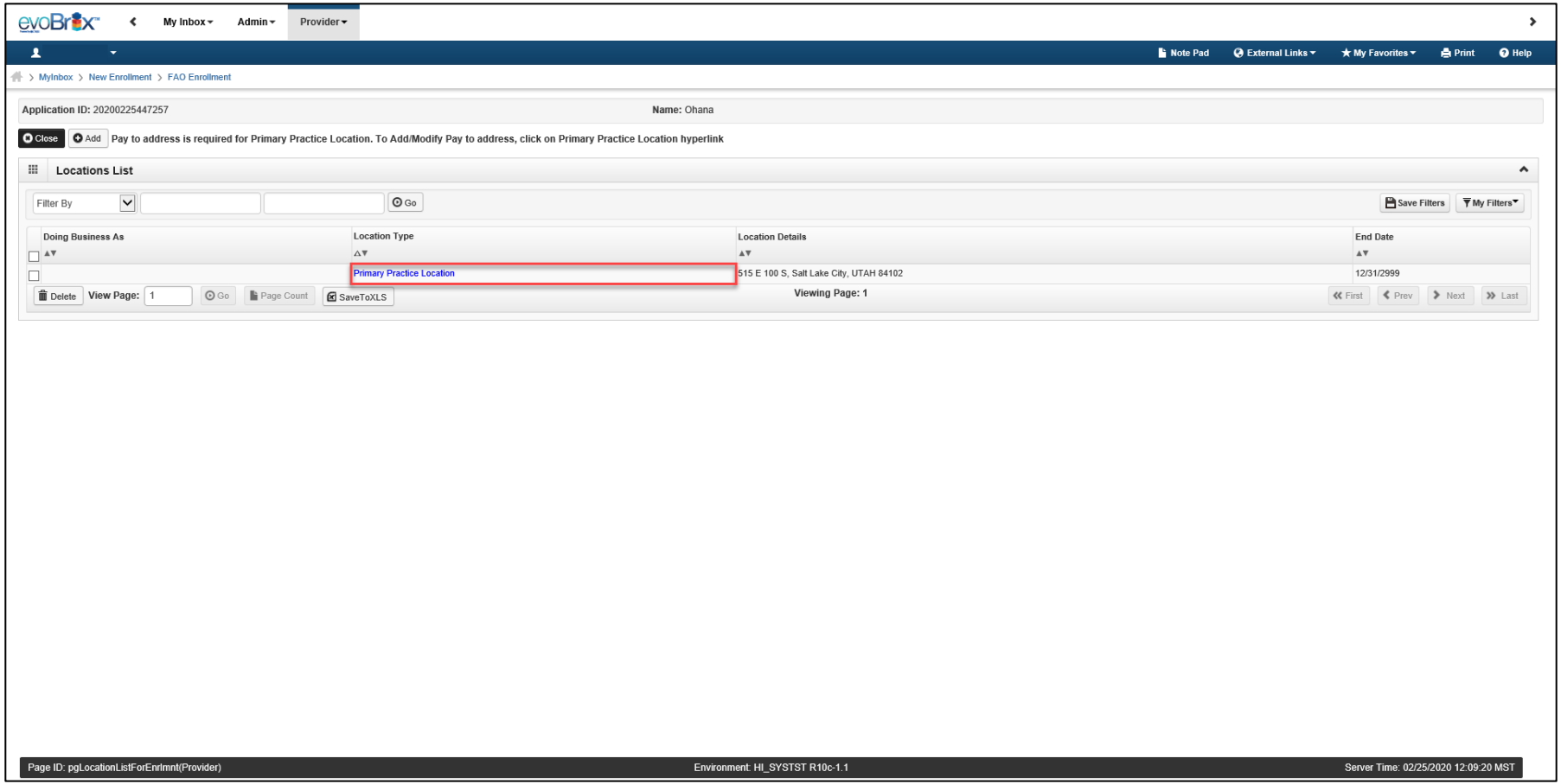
Add Pay To Address



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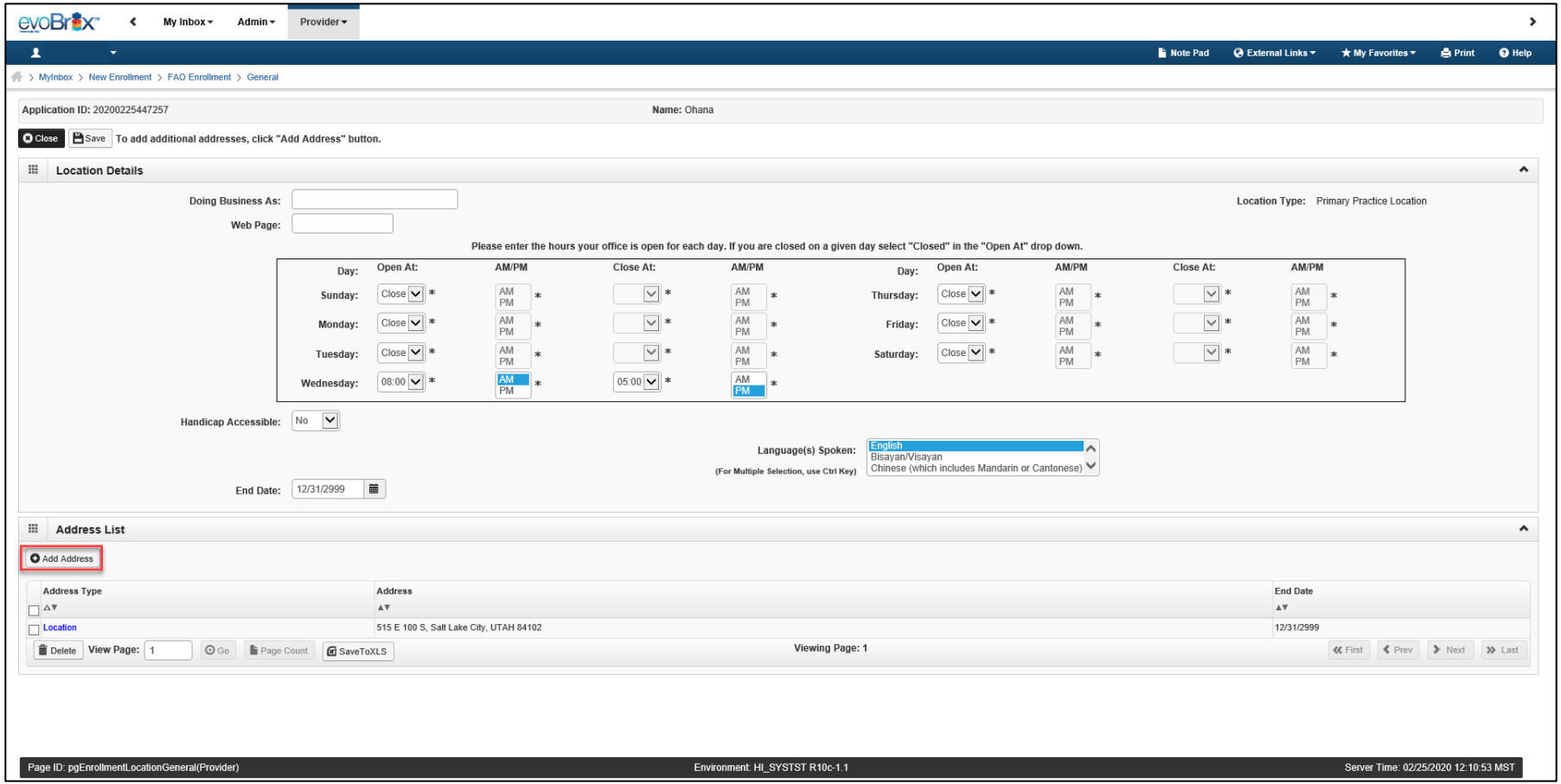
Add Pay To Address



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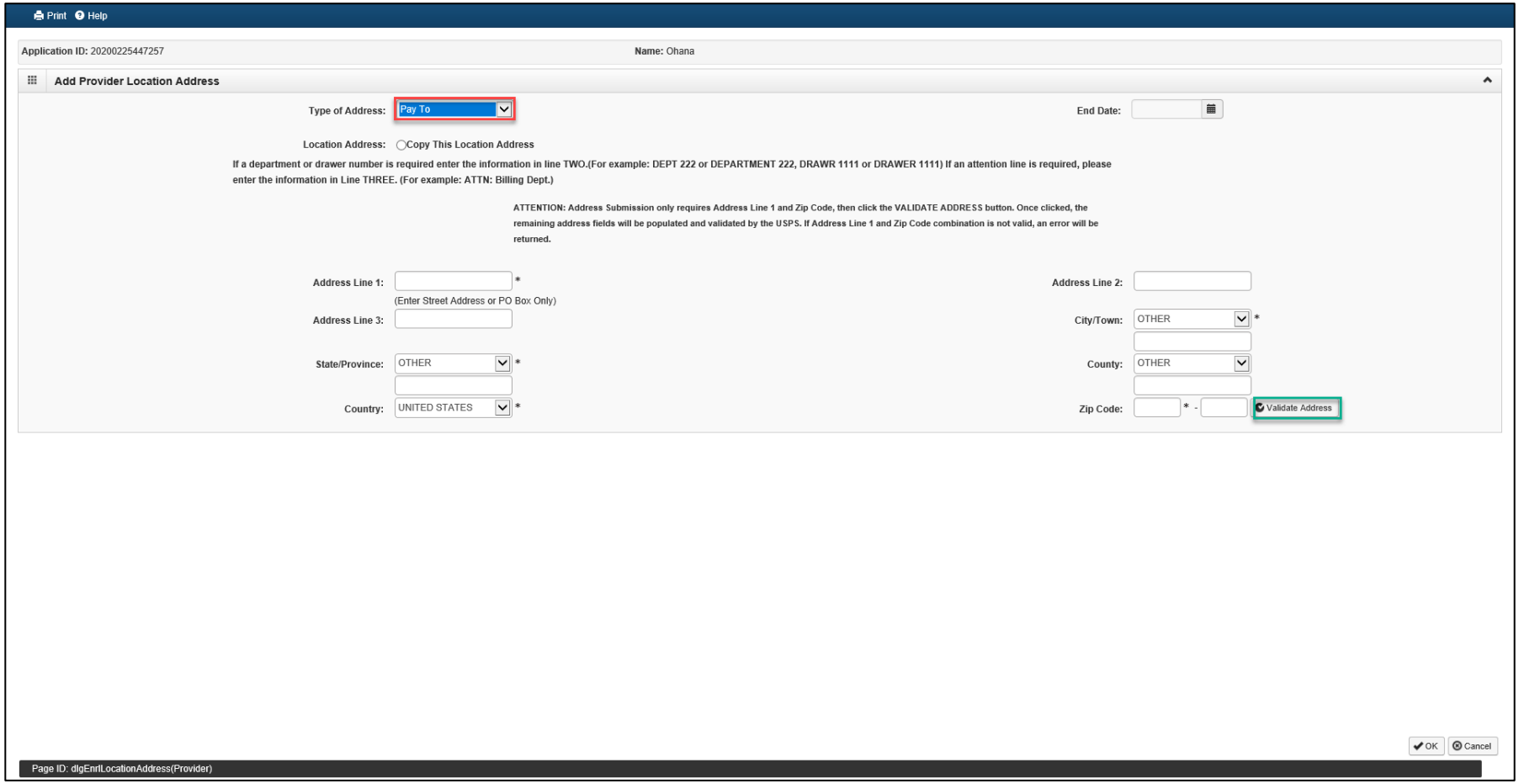

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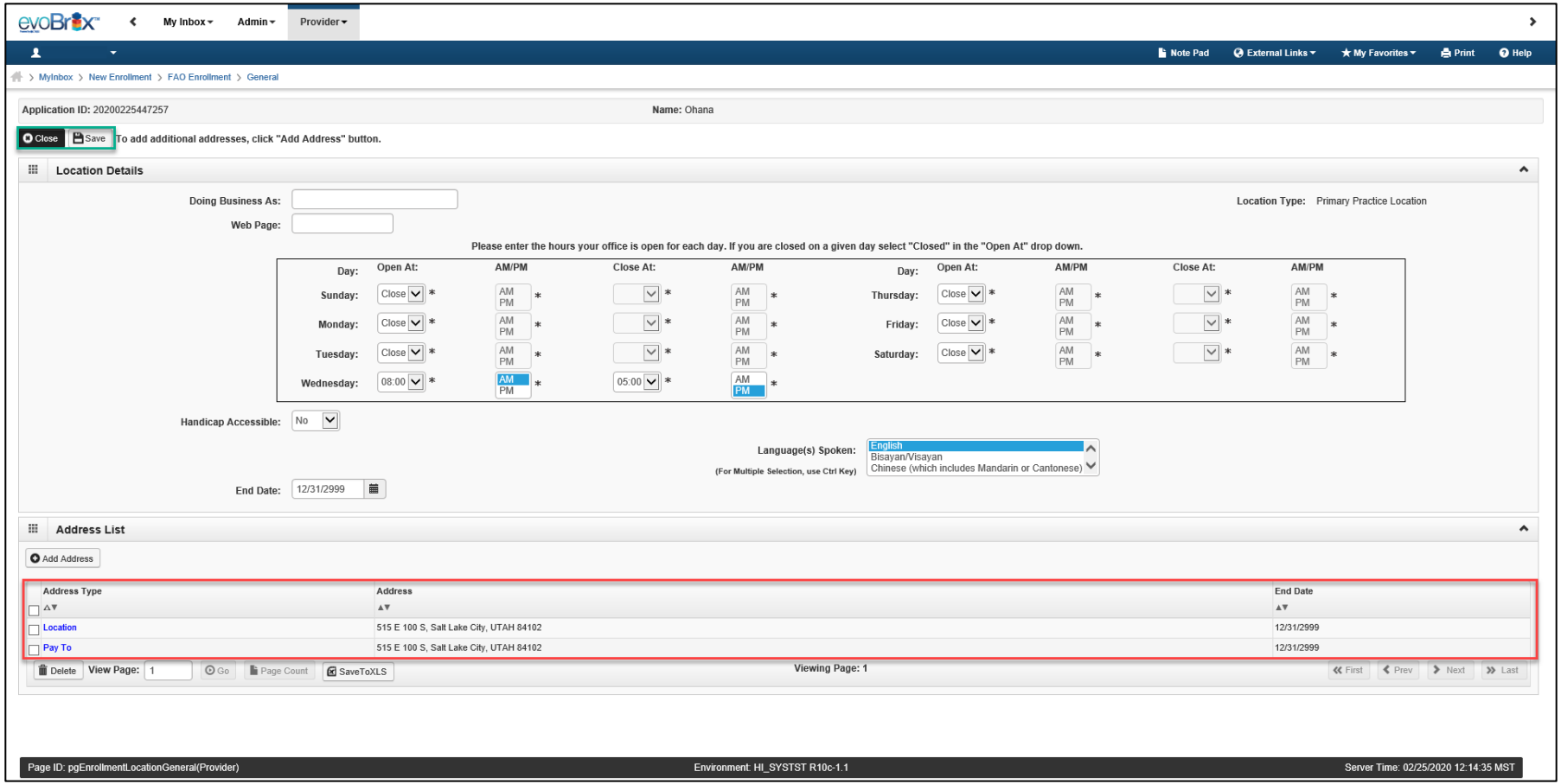
Add Pay To Address



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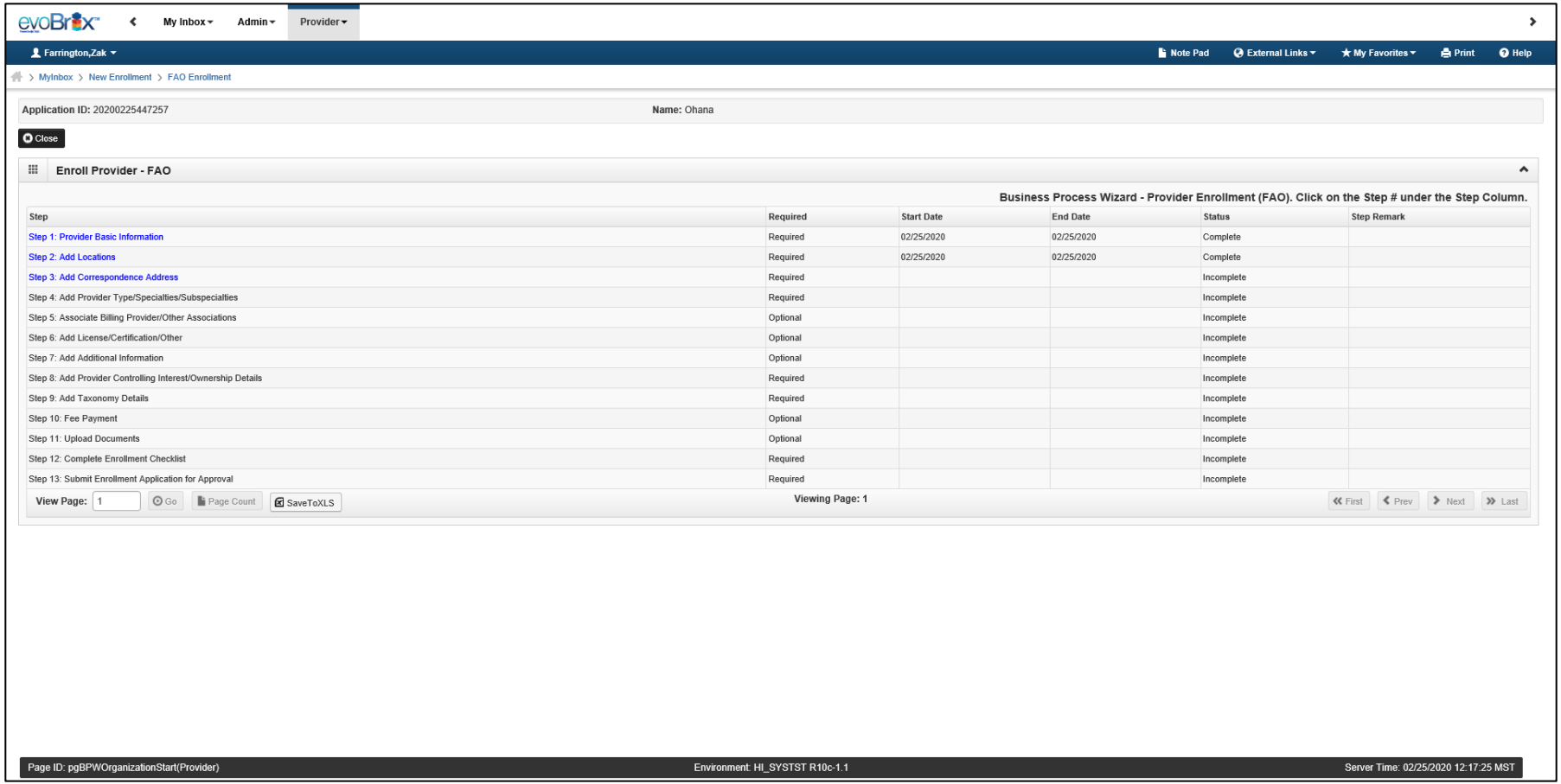
Step 3: Add Correspondence Address



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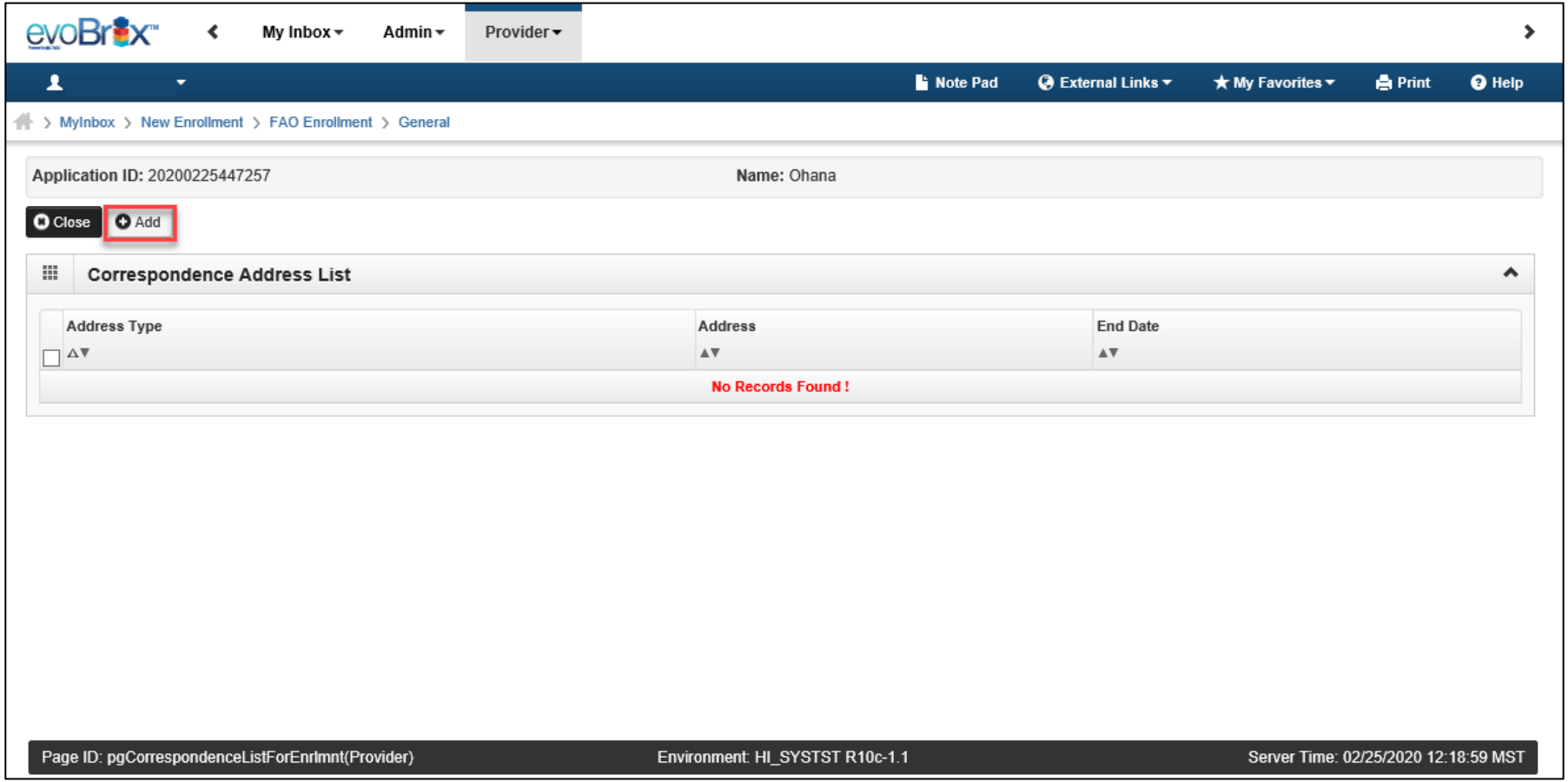
Add Correspondence Address



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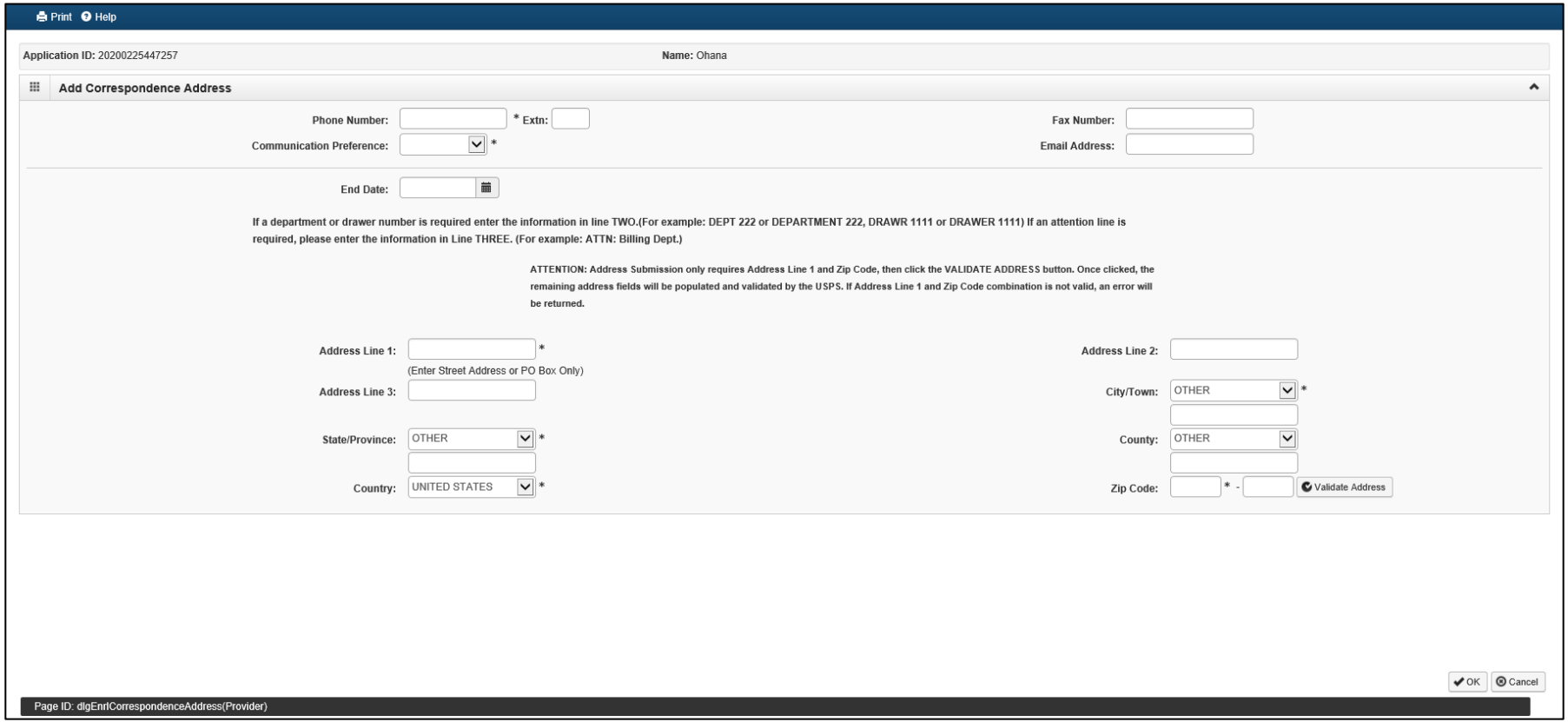

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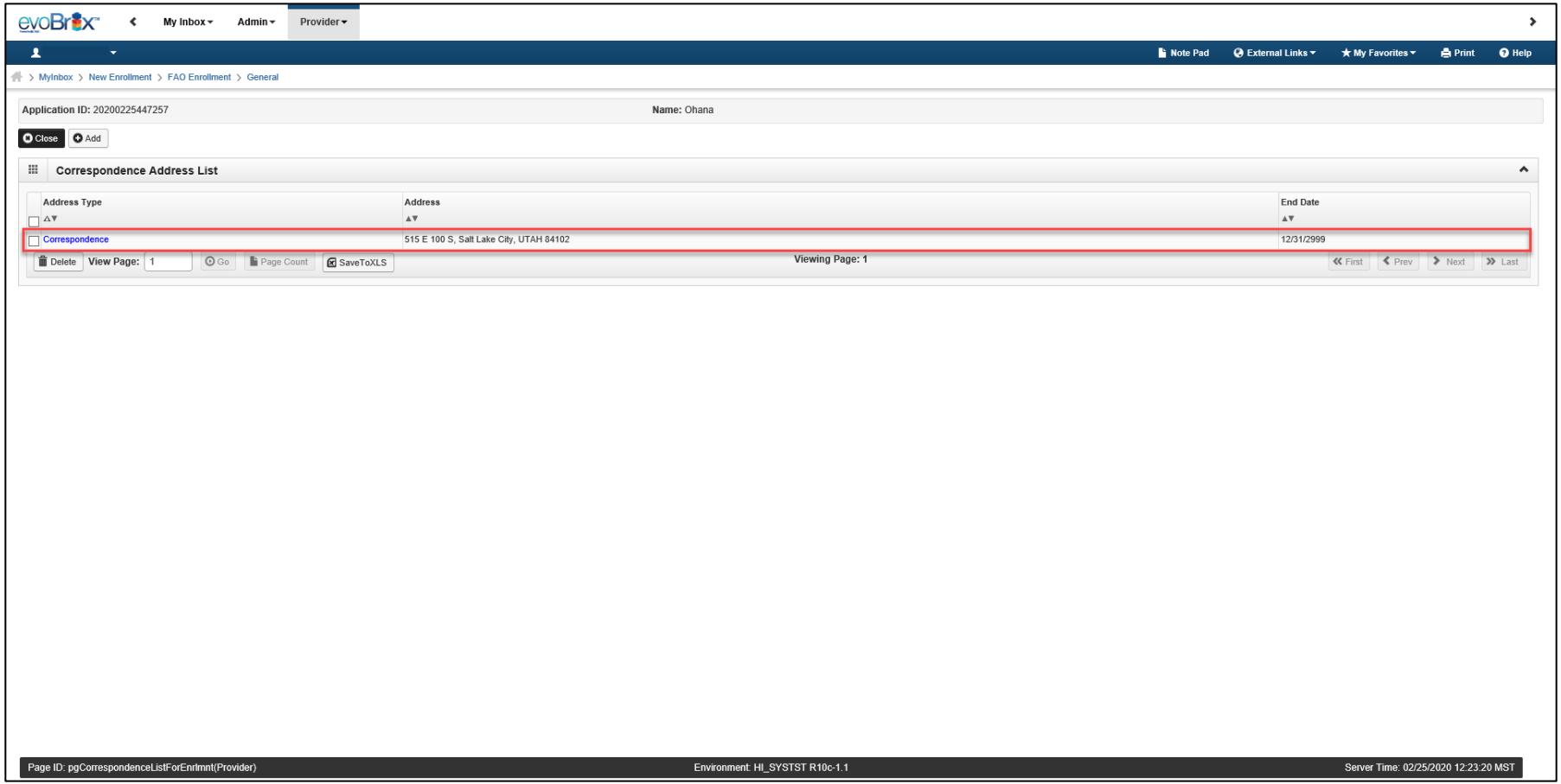

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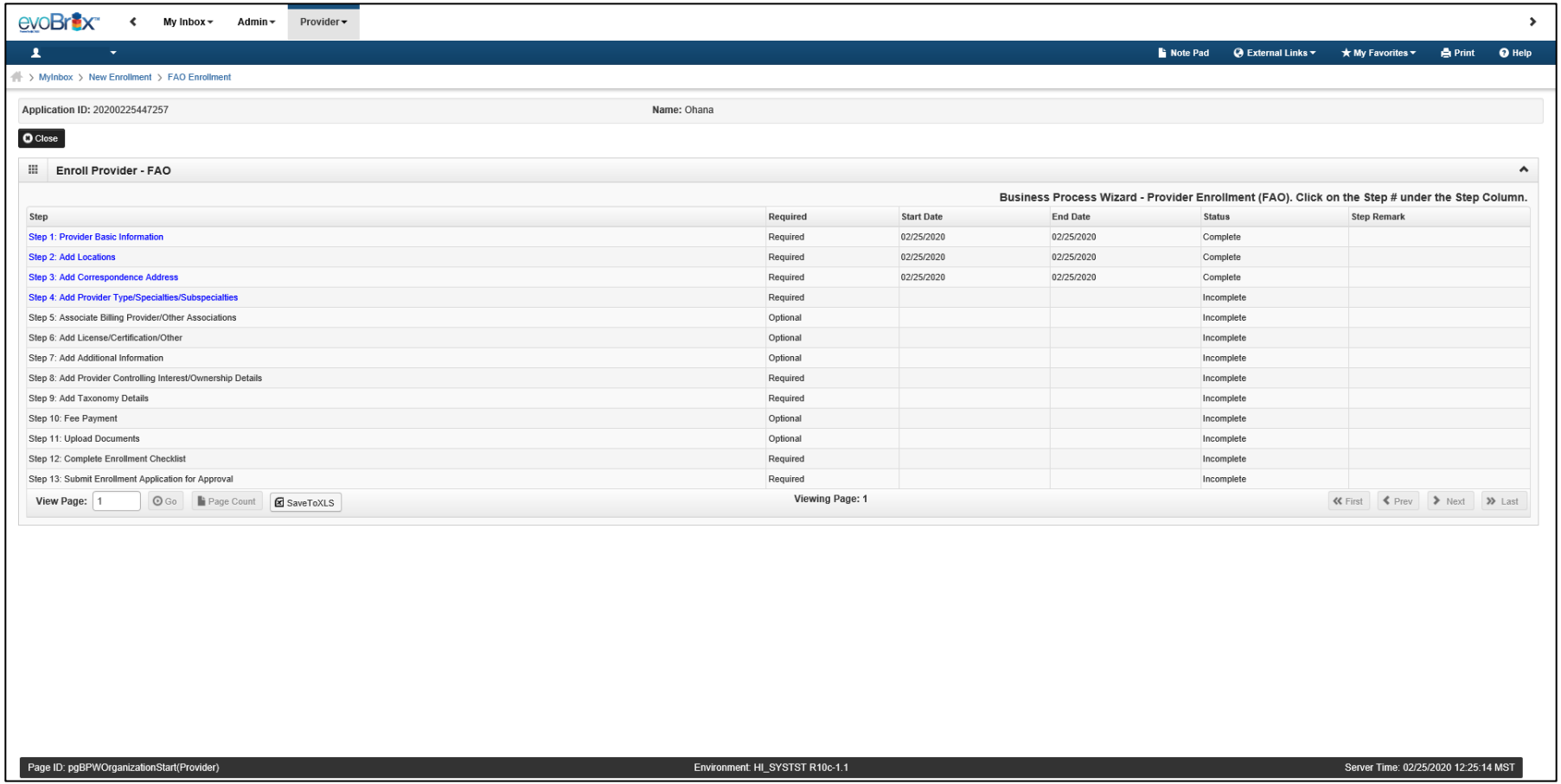
Step 4: Add Provider Type/Specialties/Subspecialties



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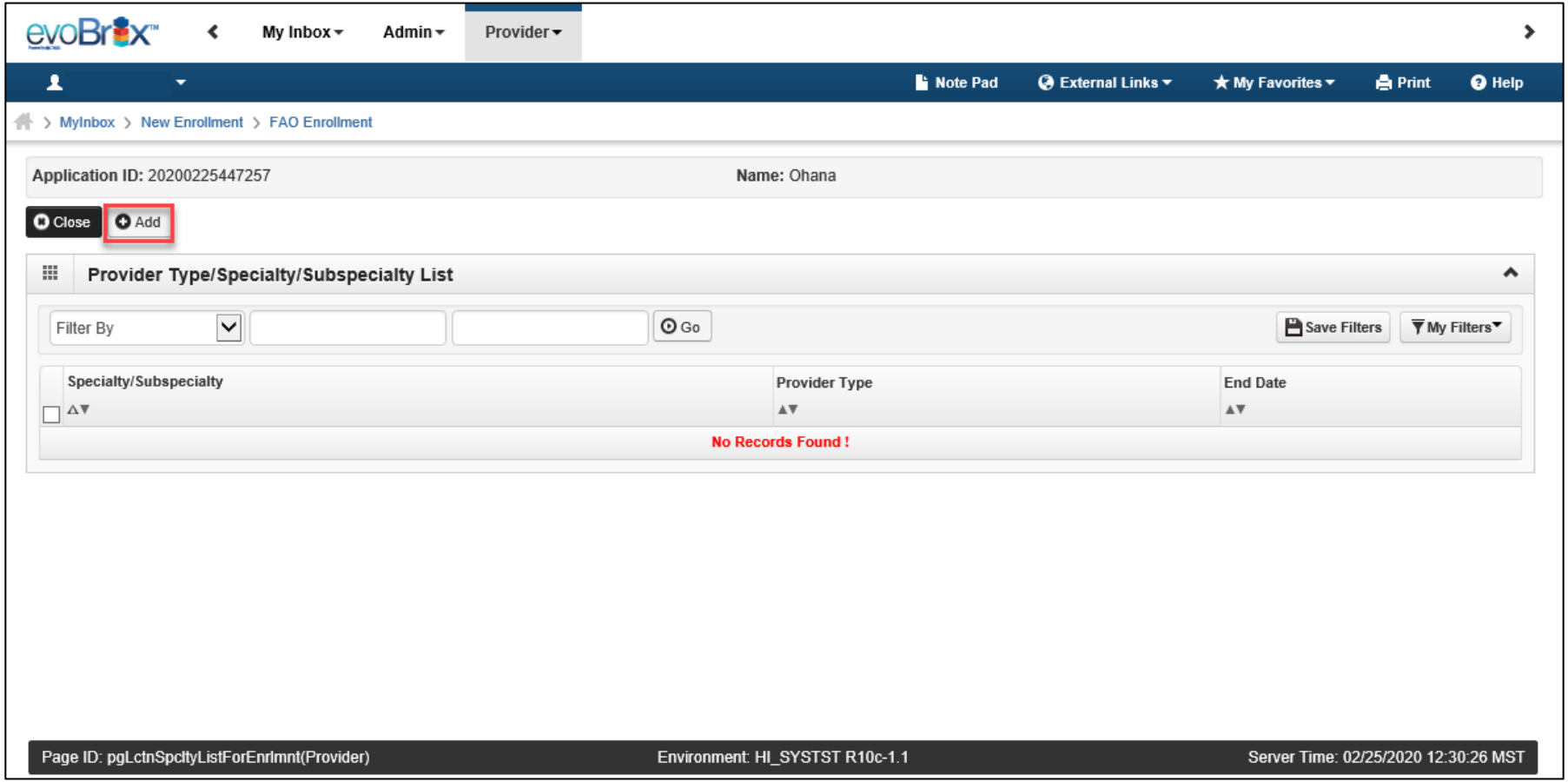
Add Provider Type/Specialties/Subspecialties



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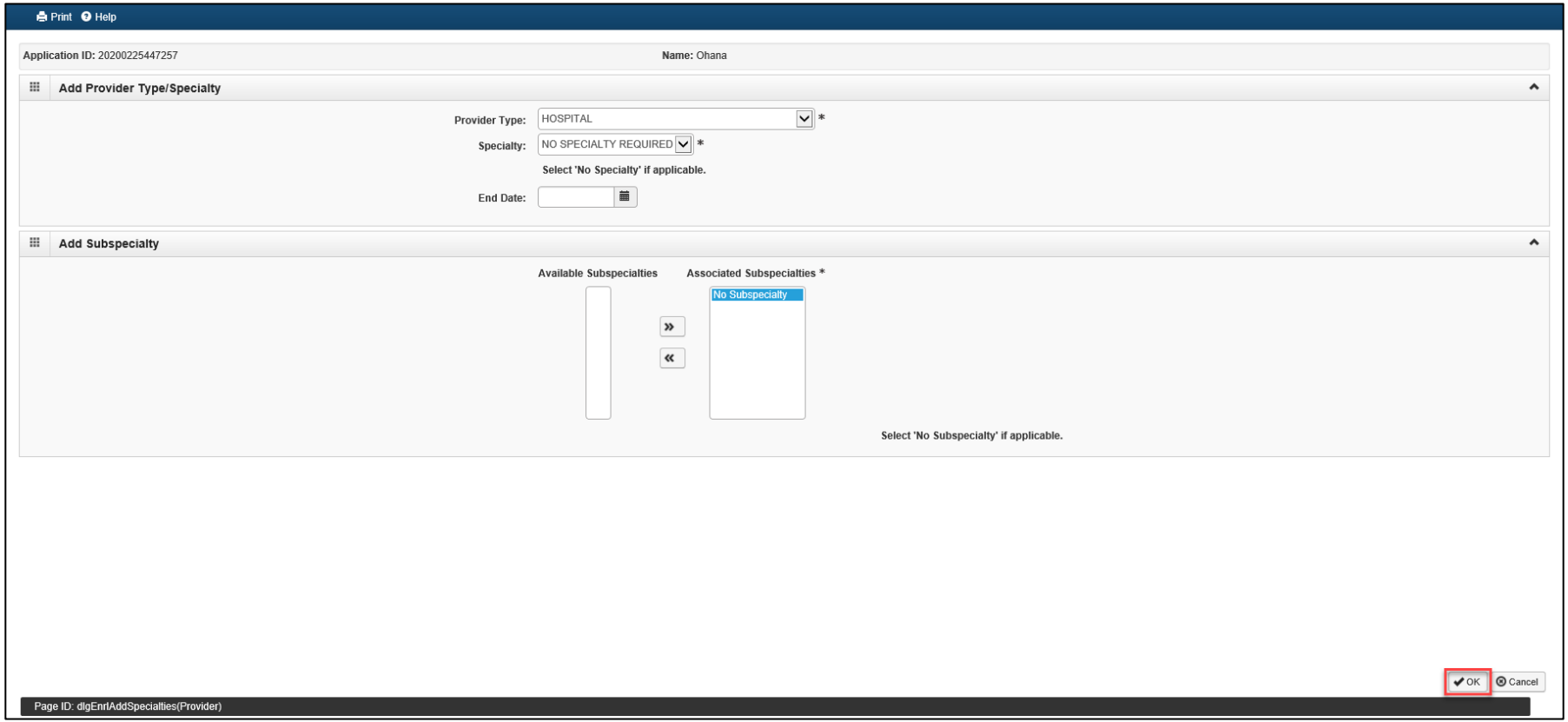
Add Provider Type/Specialties/Subspecialties



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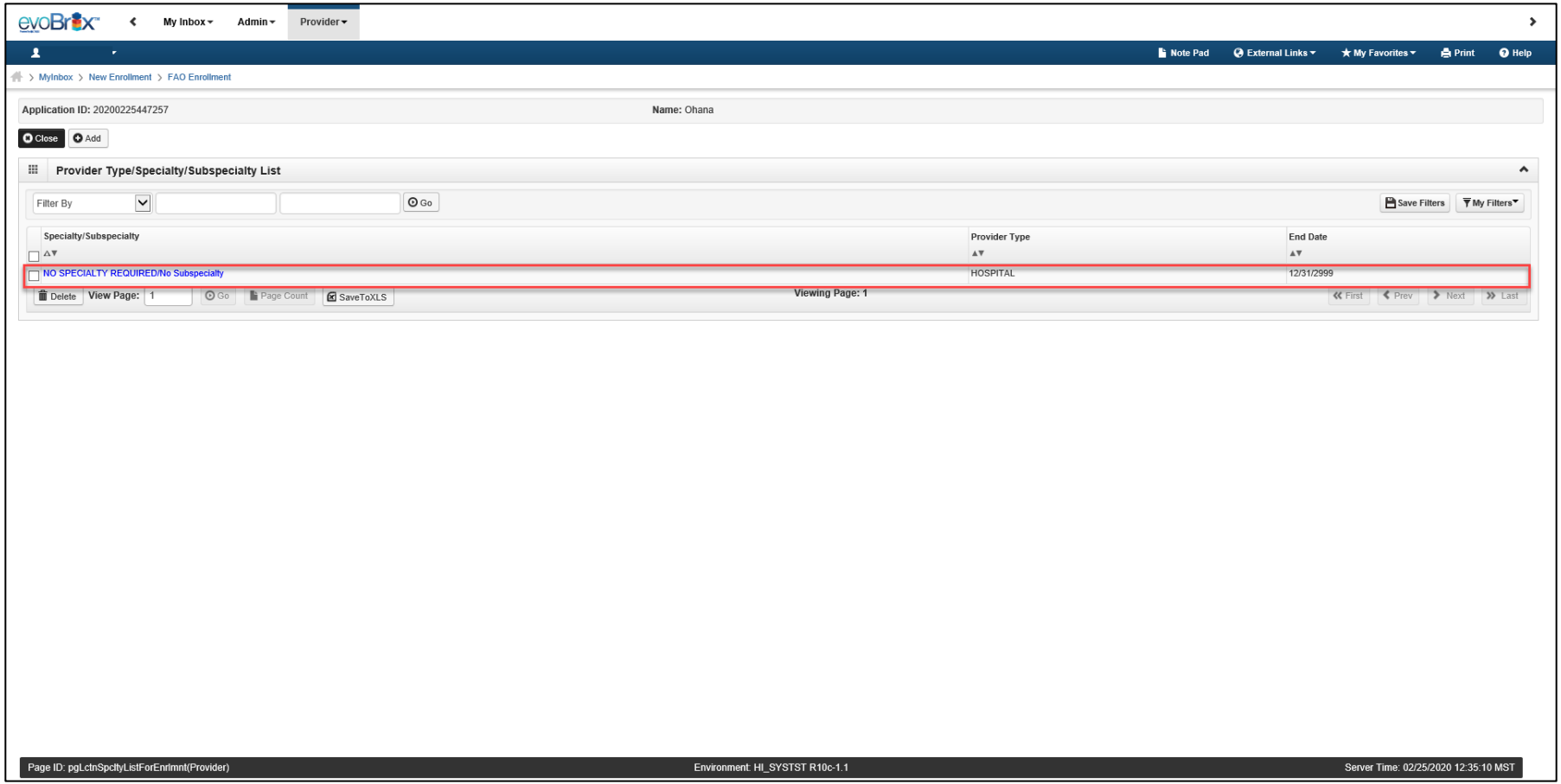
Add Provider Type/Specialties/Subspecialties



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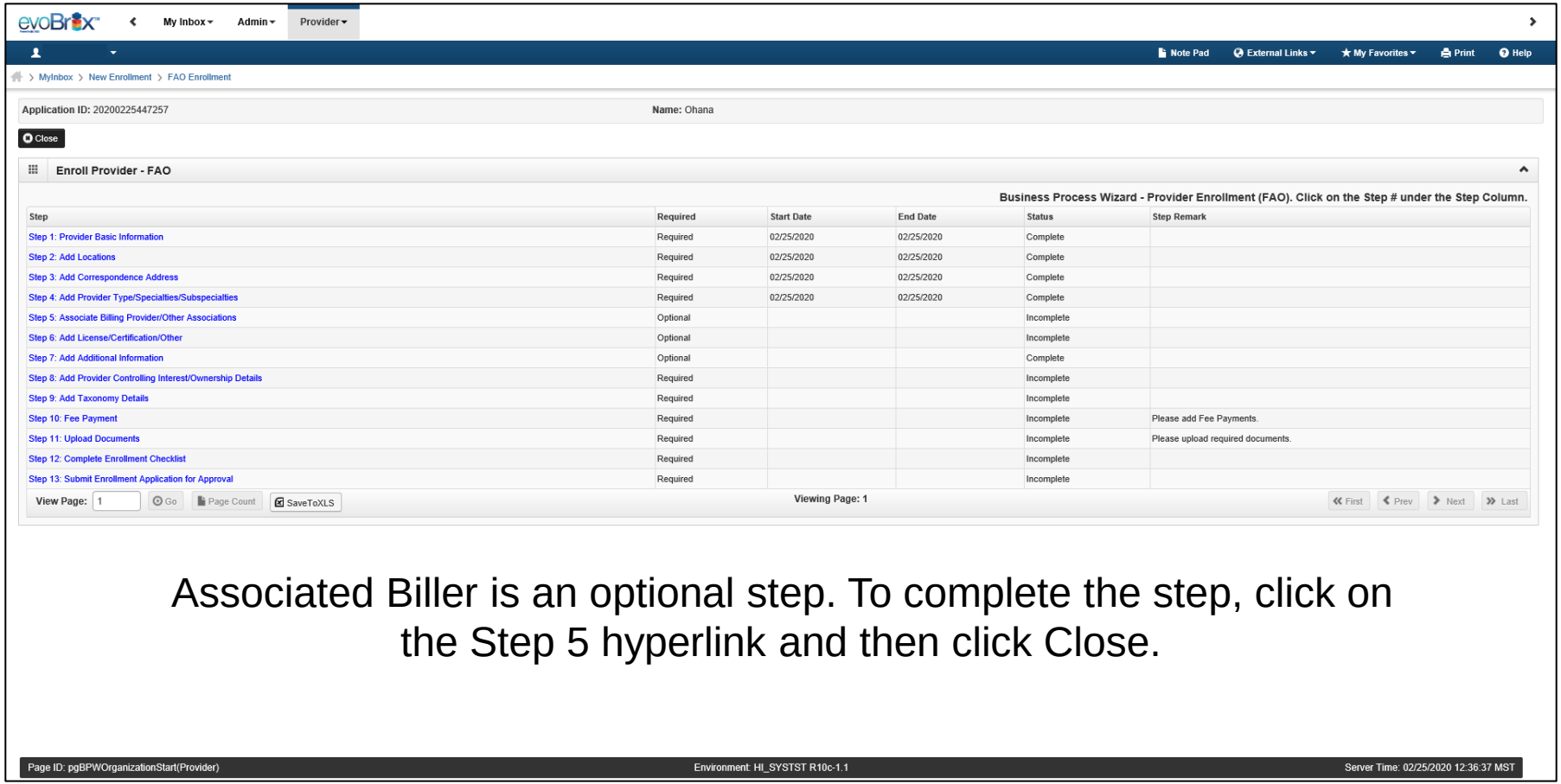
Step 5: Associate Billing Provider



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

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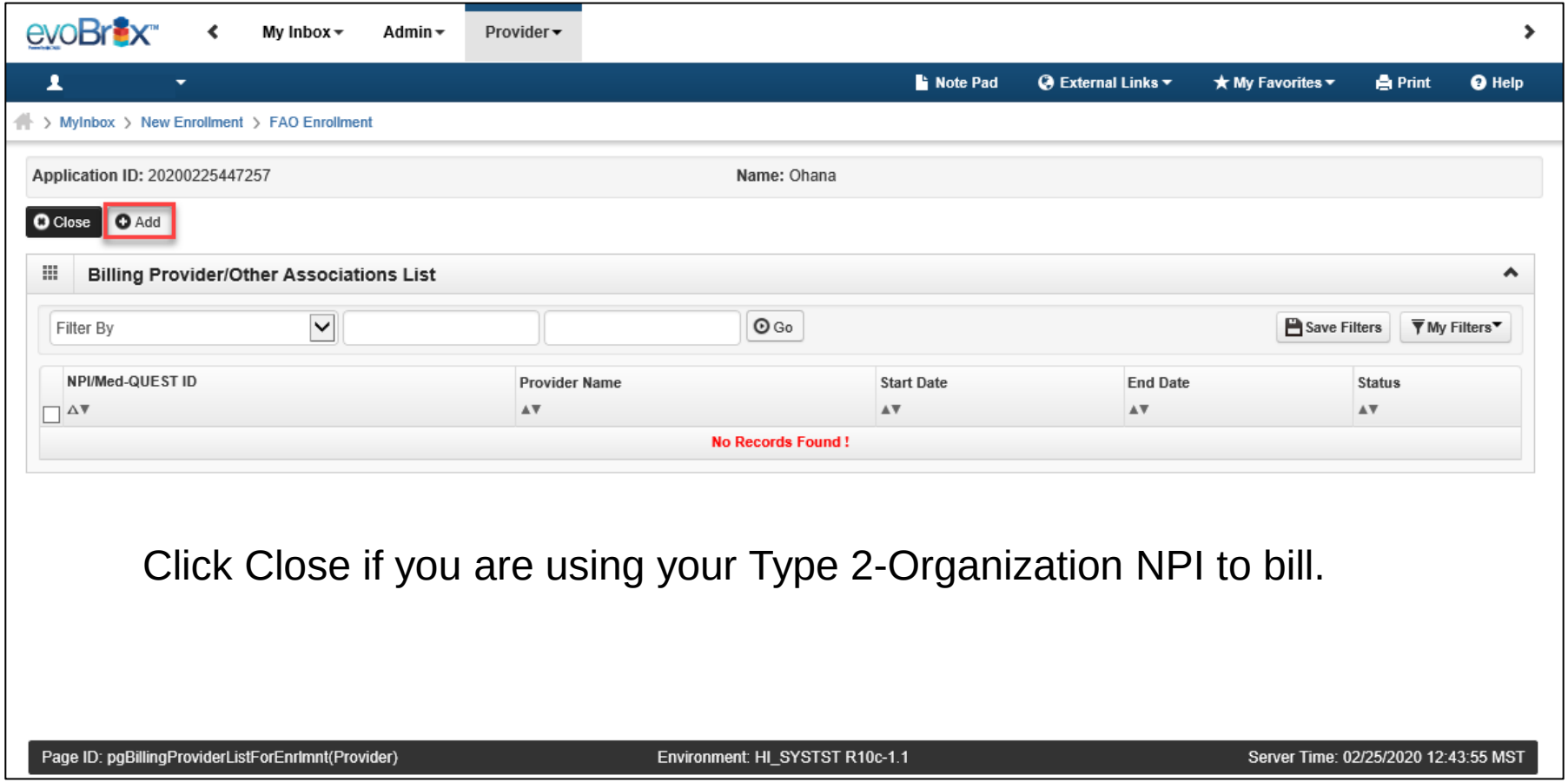
Associate Billing Provider



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

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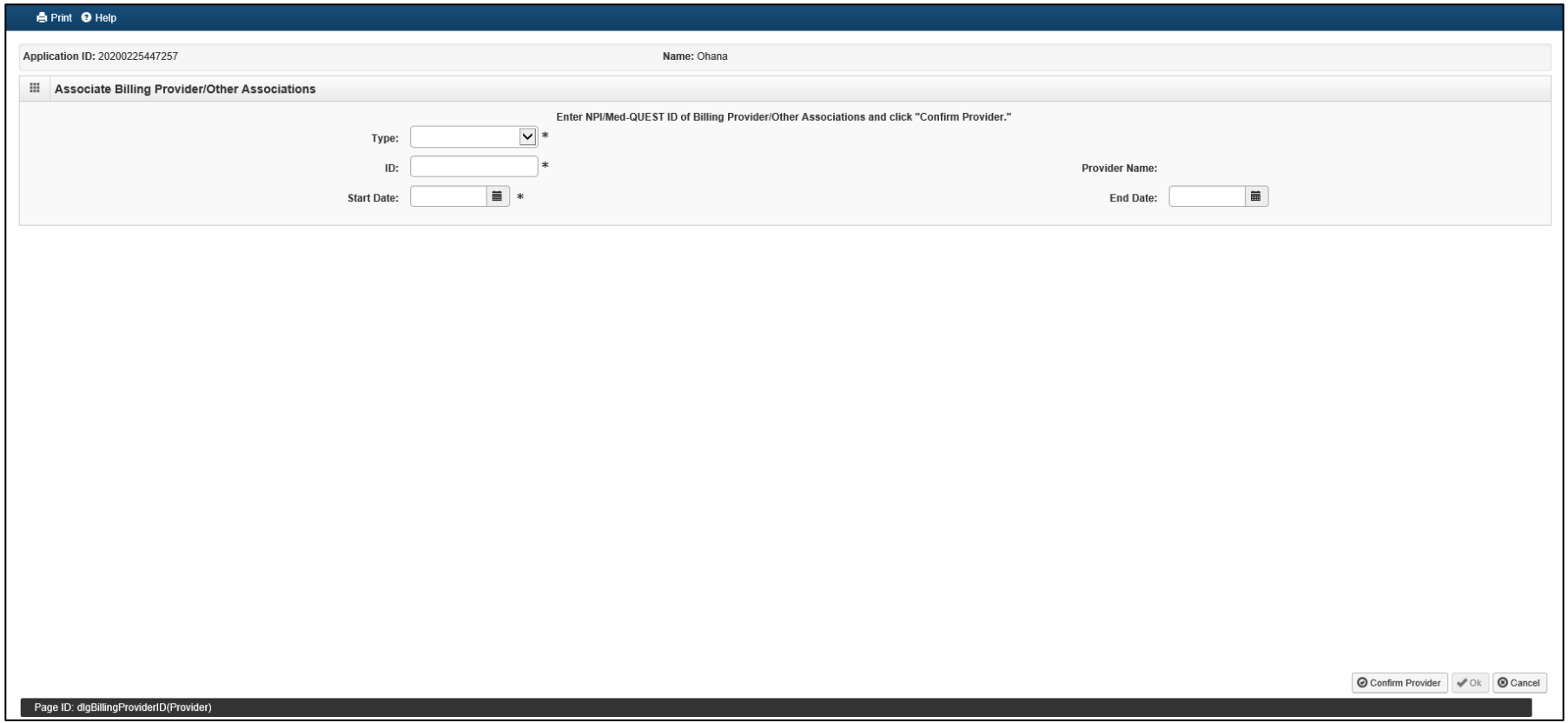
Associate Billing Provider



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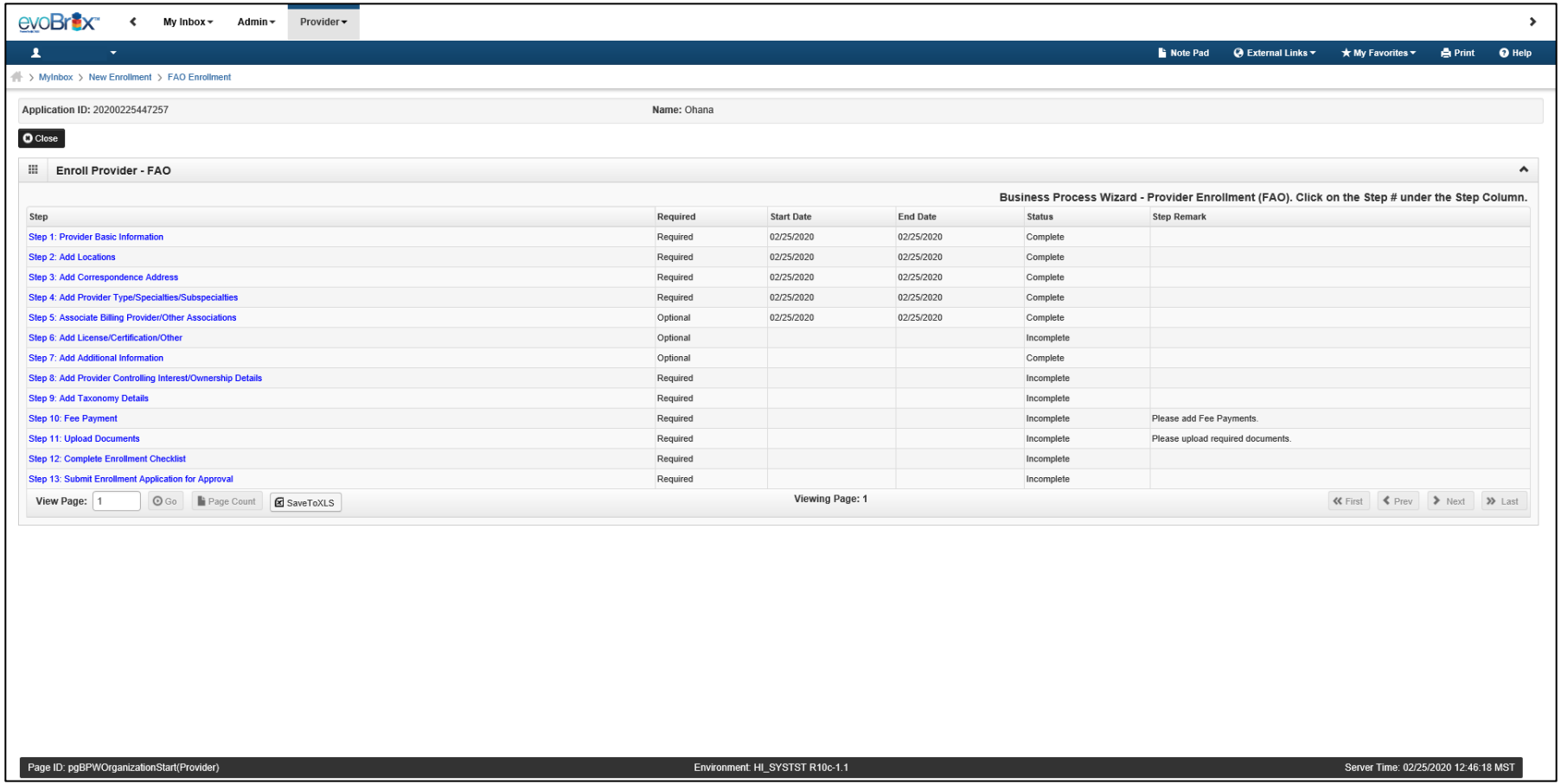
Step 6: Add License/Certification



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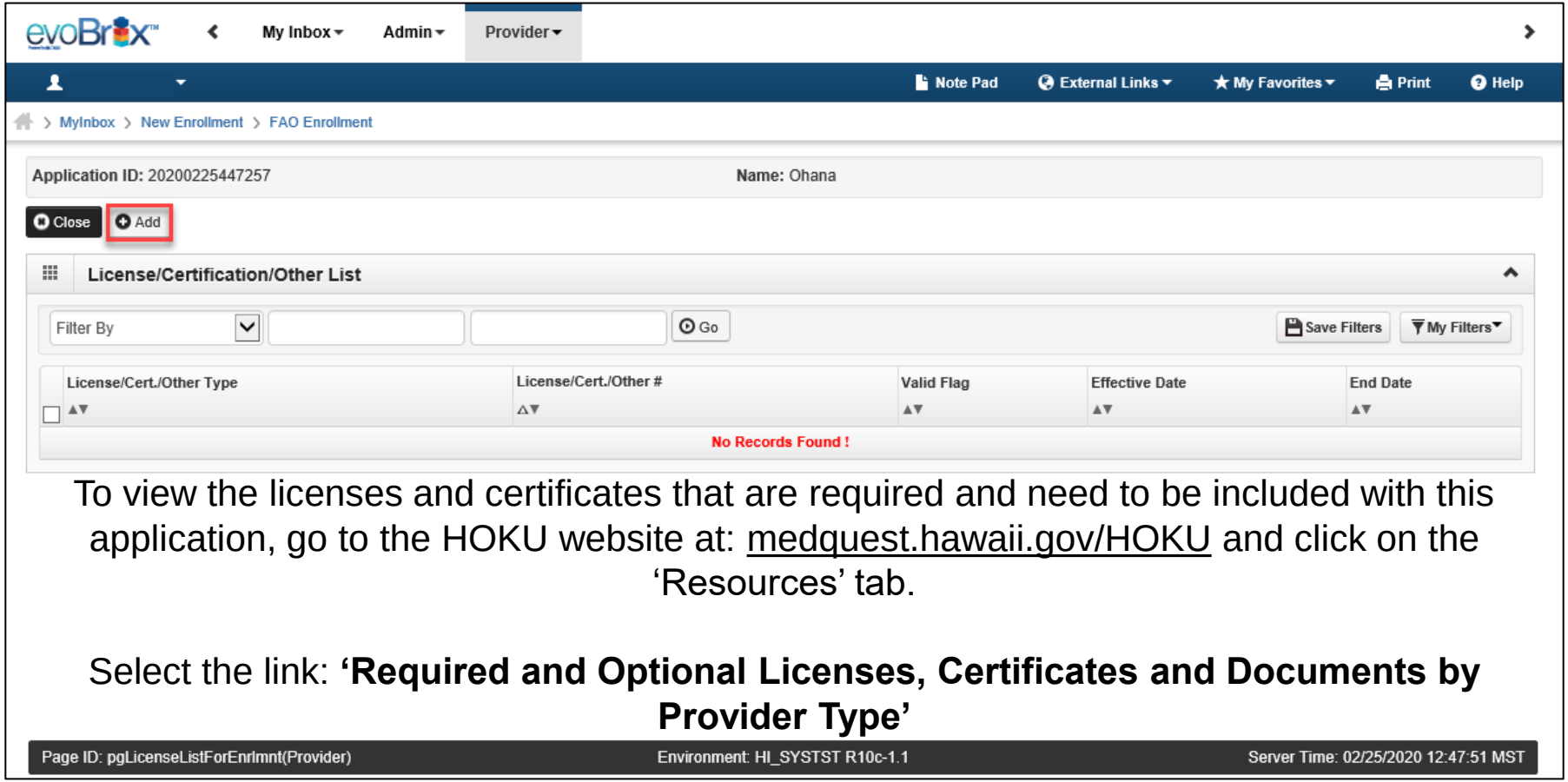
Add License/Certification



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'**

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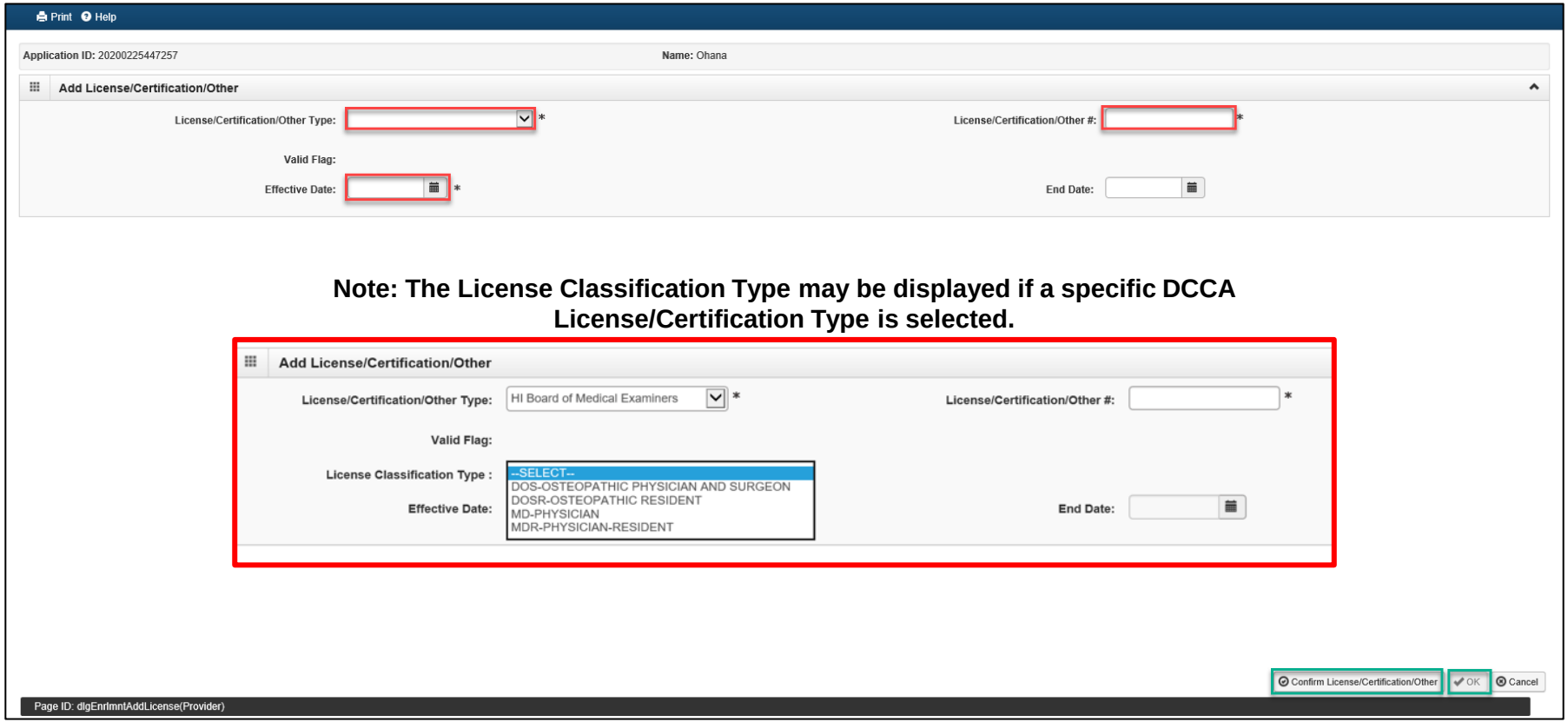
Add License/Certification



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

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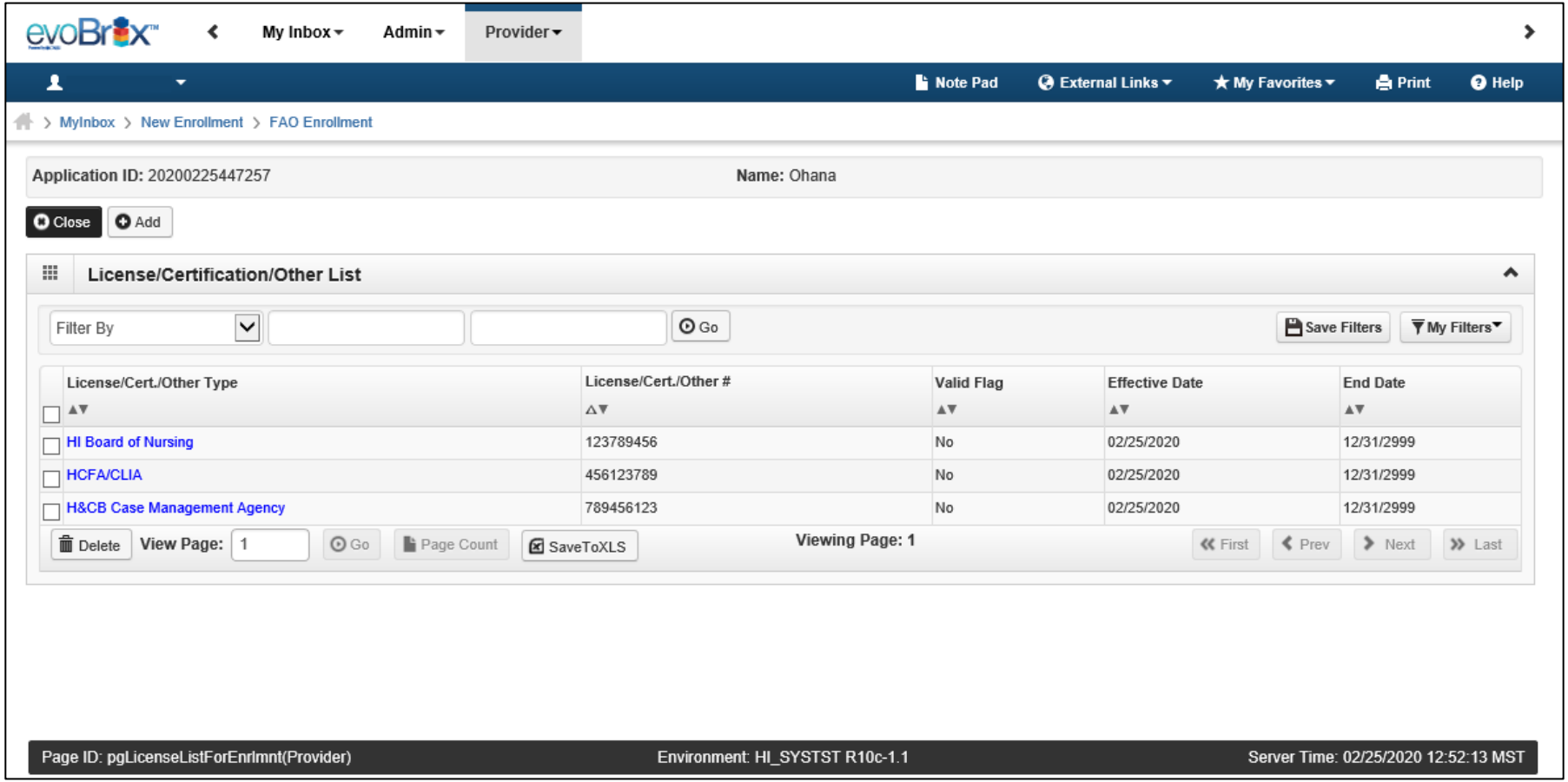
Add License/Certification



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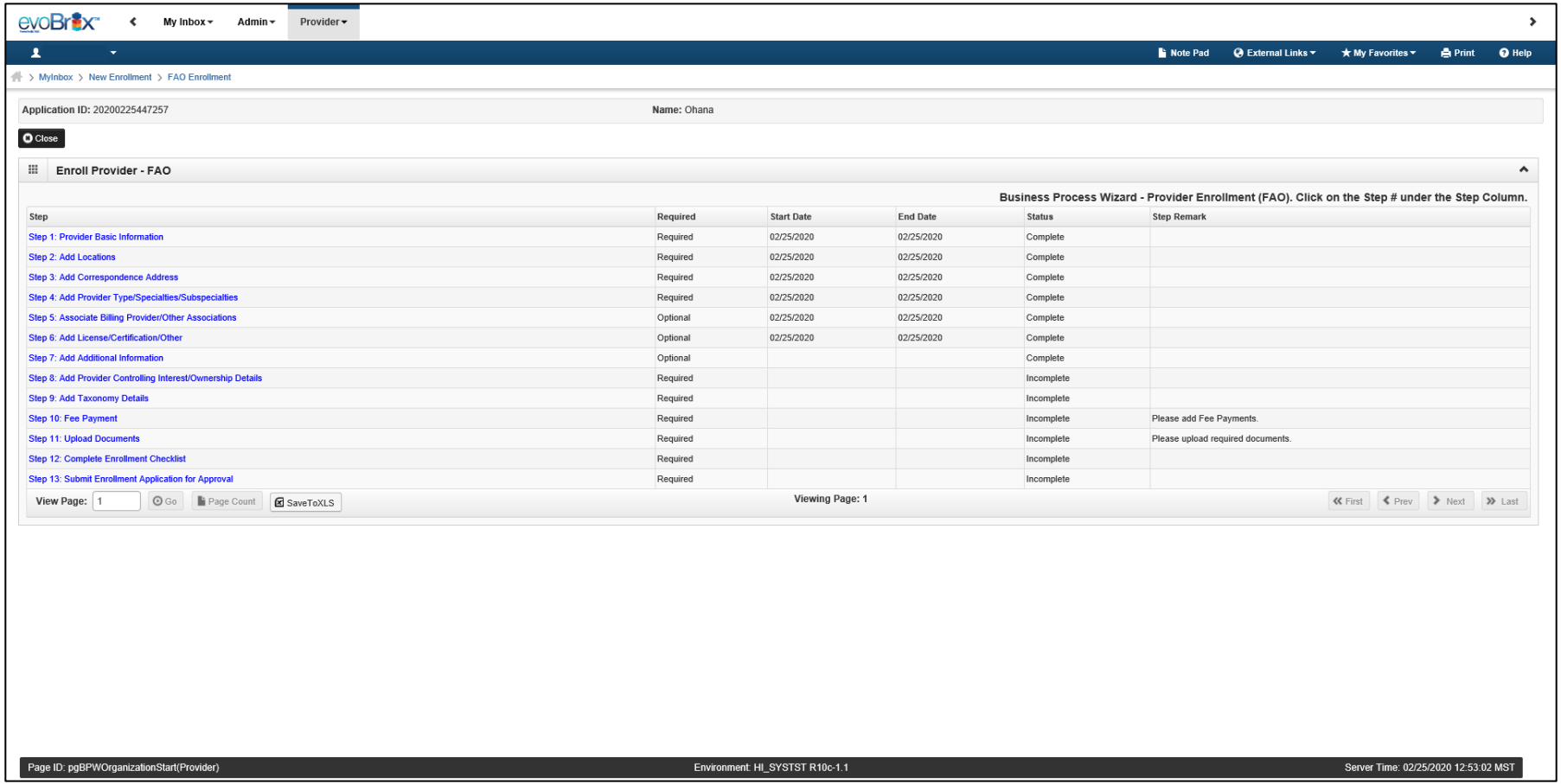
Step 7: Add Additional Information



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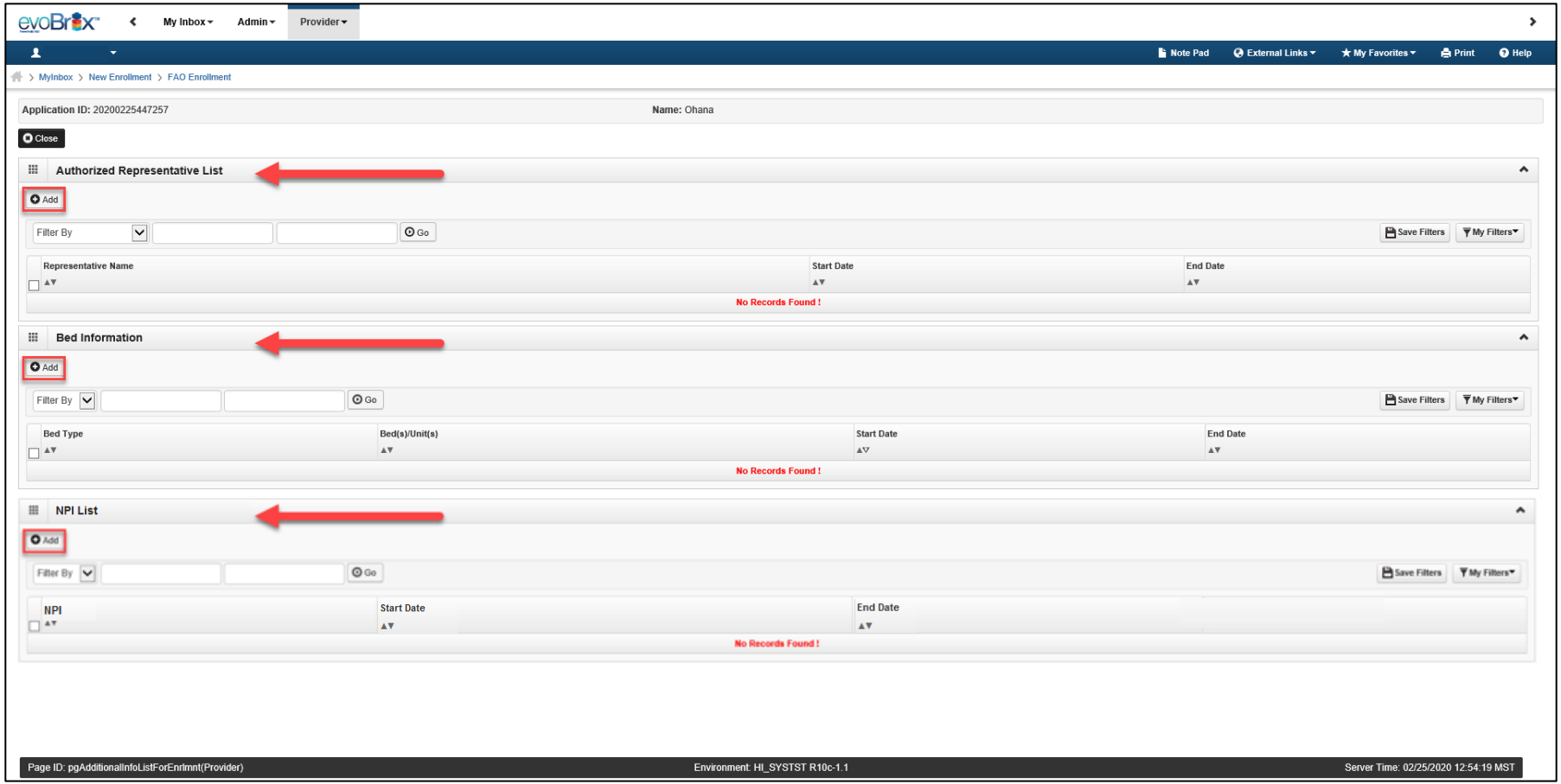
Add Additional Information



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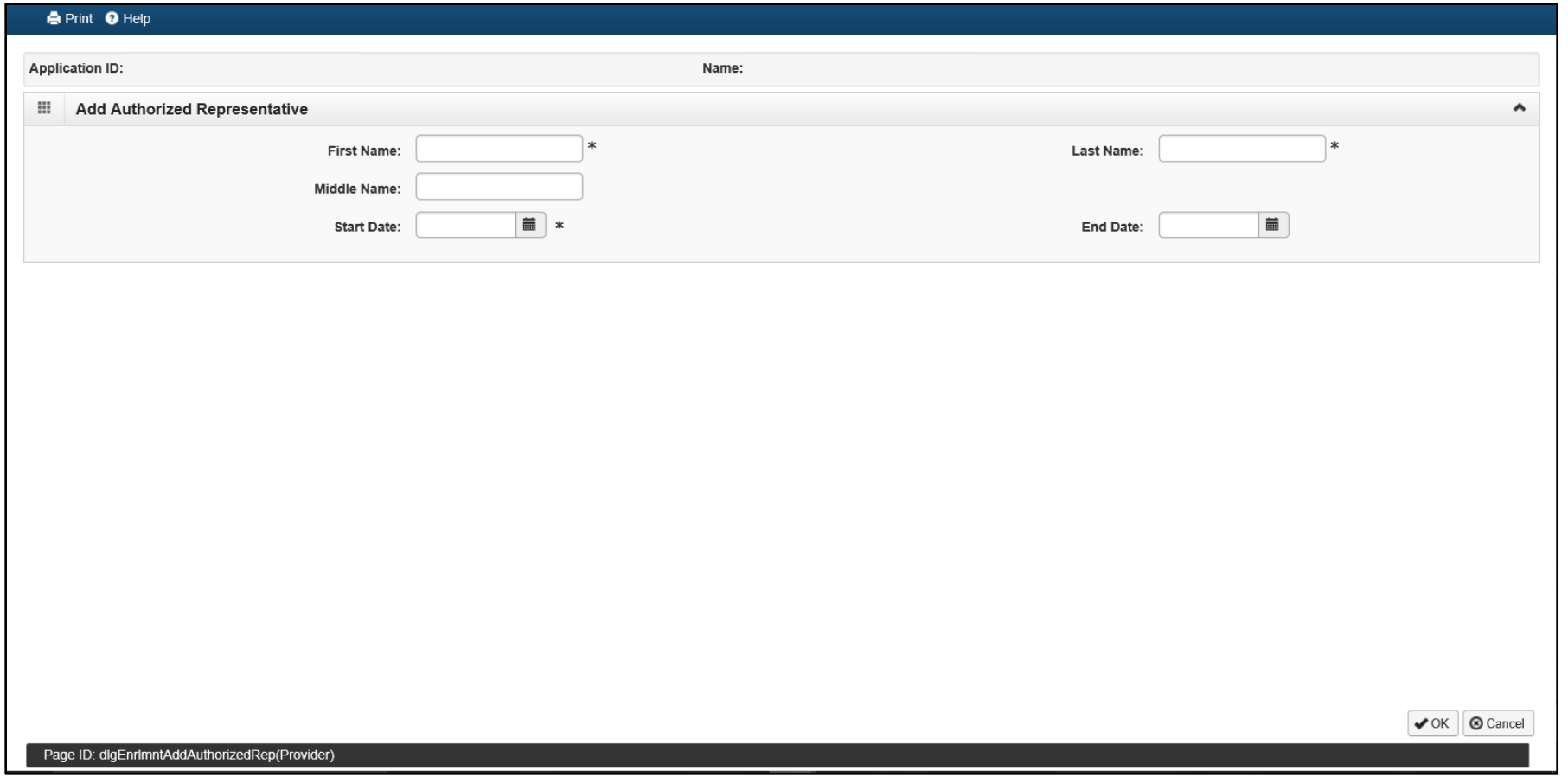
Add Additional Information



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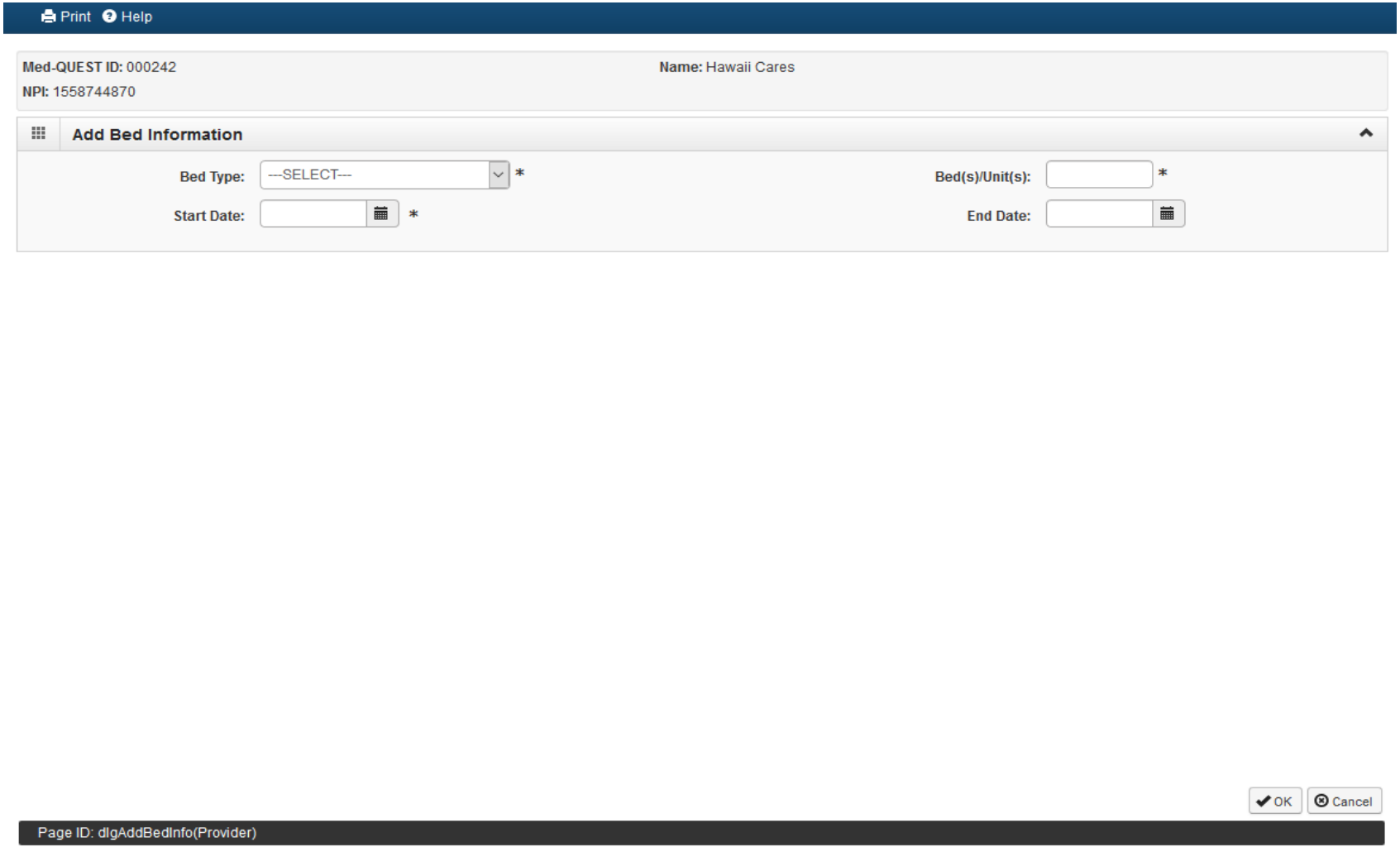
Add Bed Information



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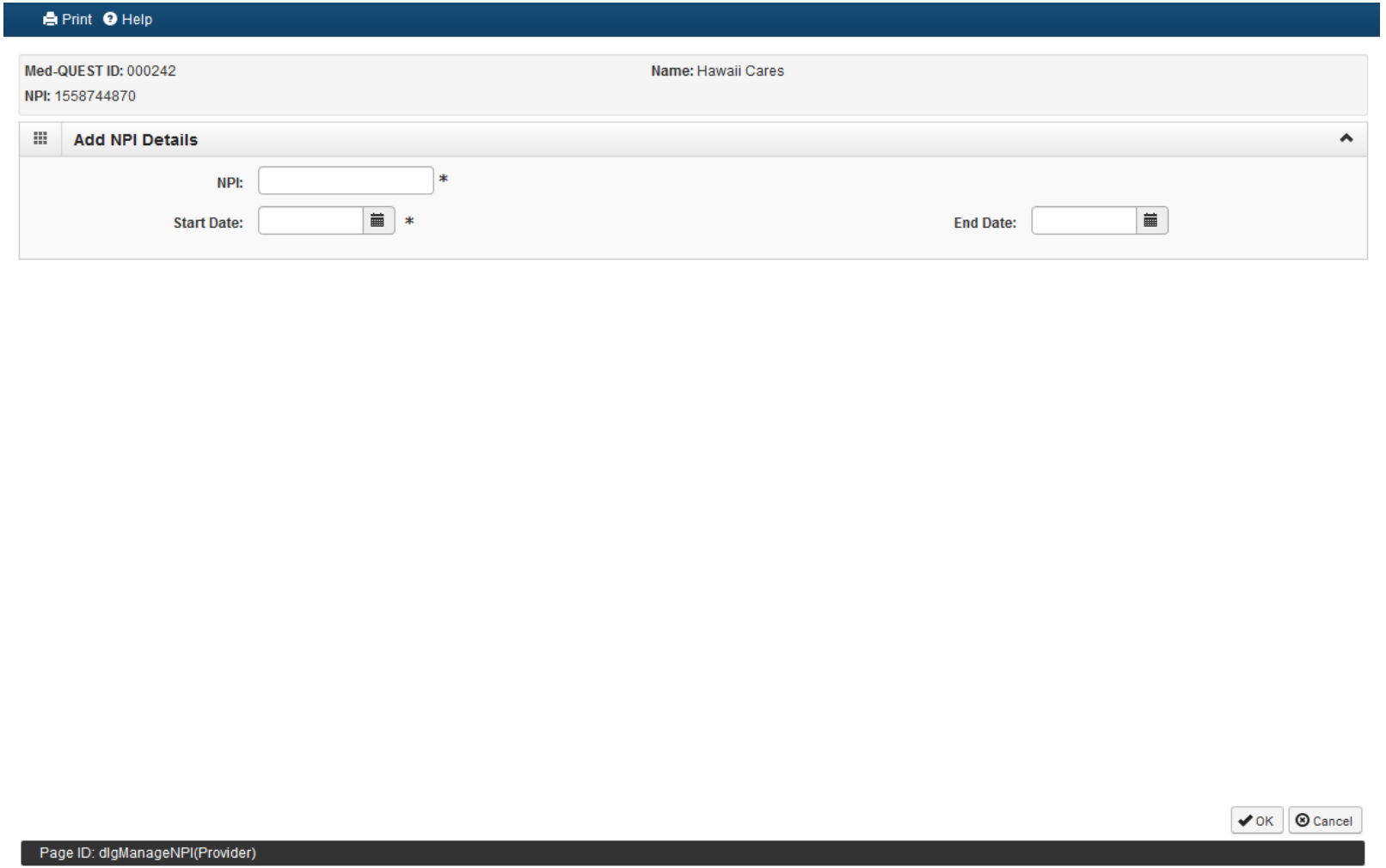
Add NPI



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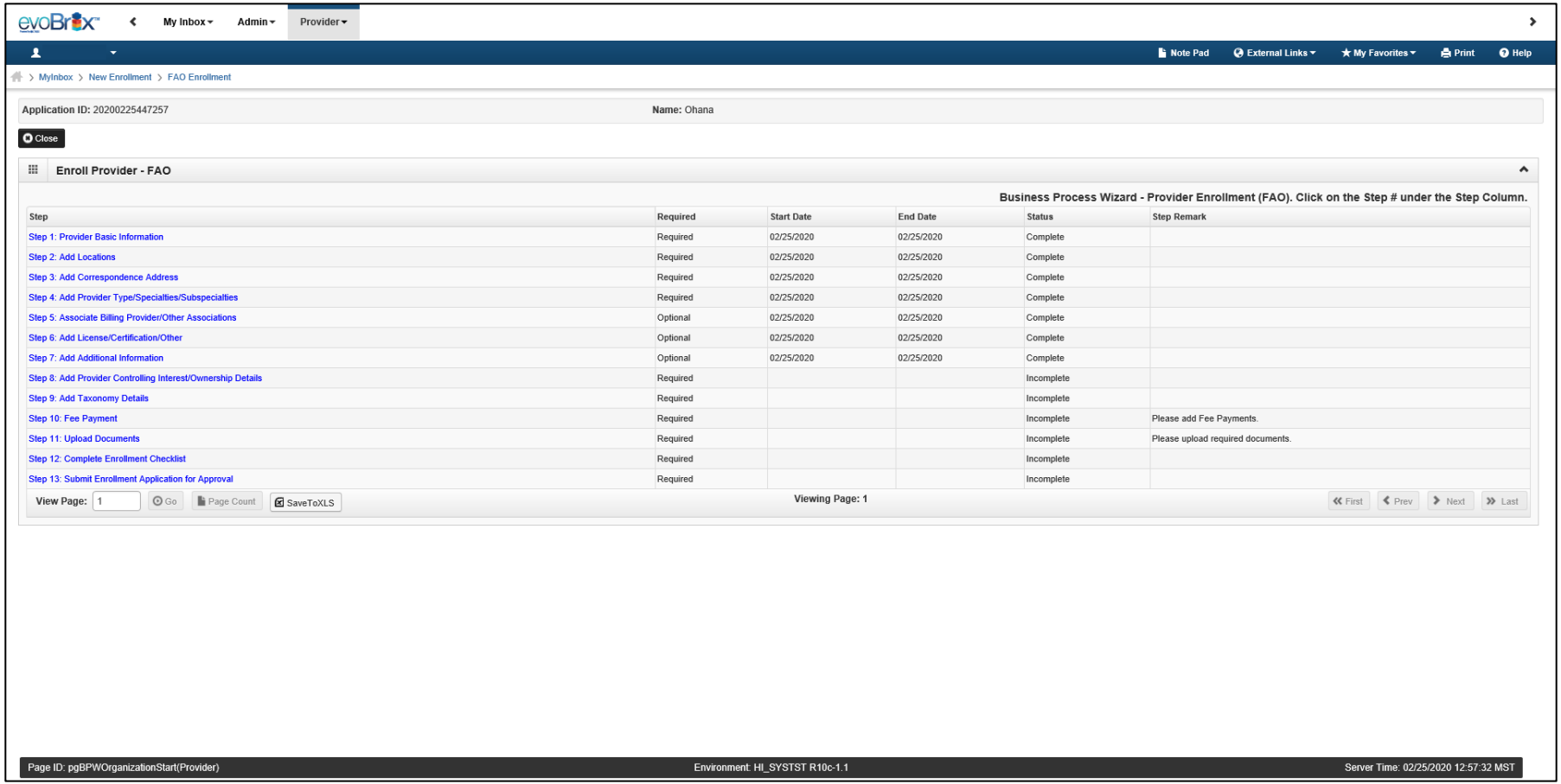
Step 8: Add Controlling Interest/Ownership Details



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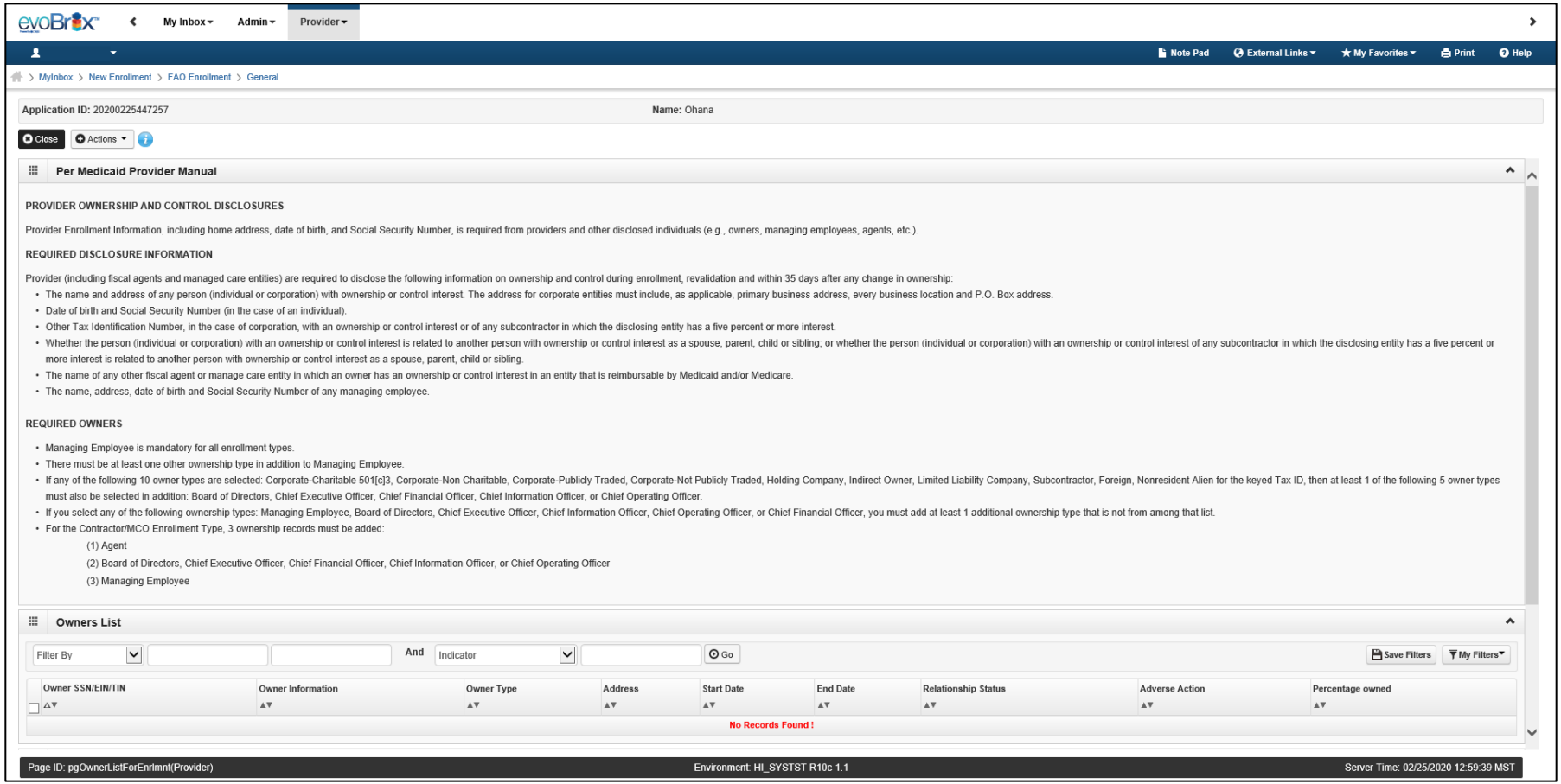
Add Controlling Interest/Ownership Details



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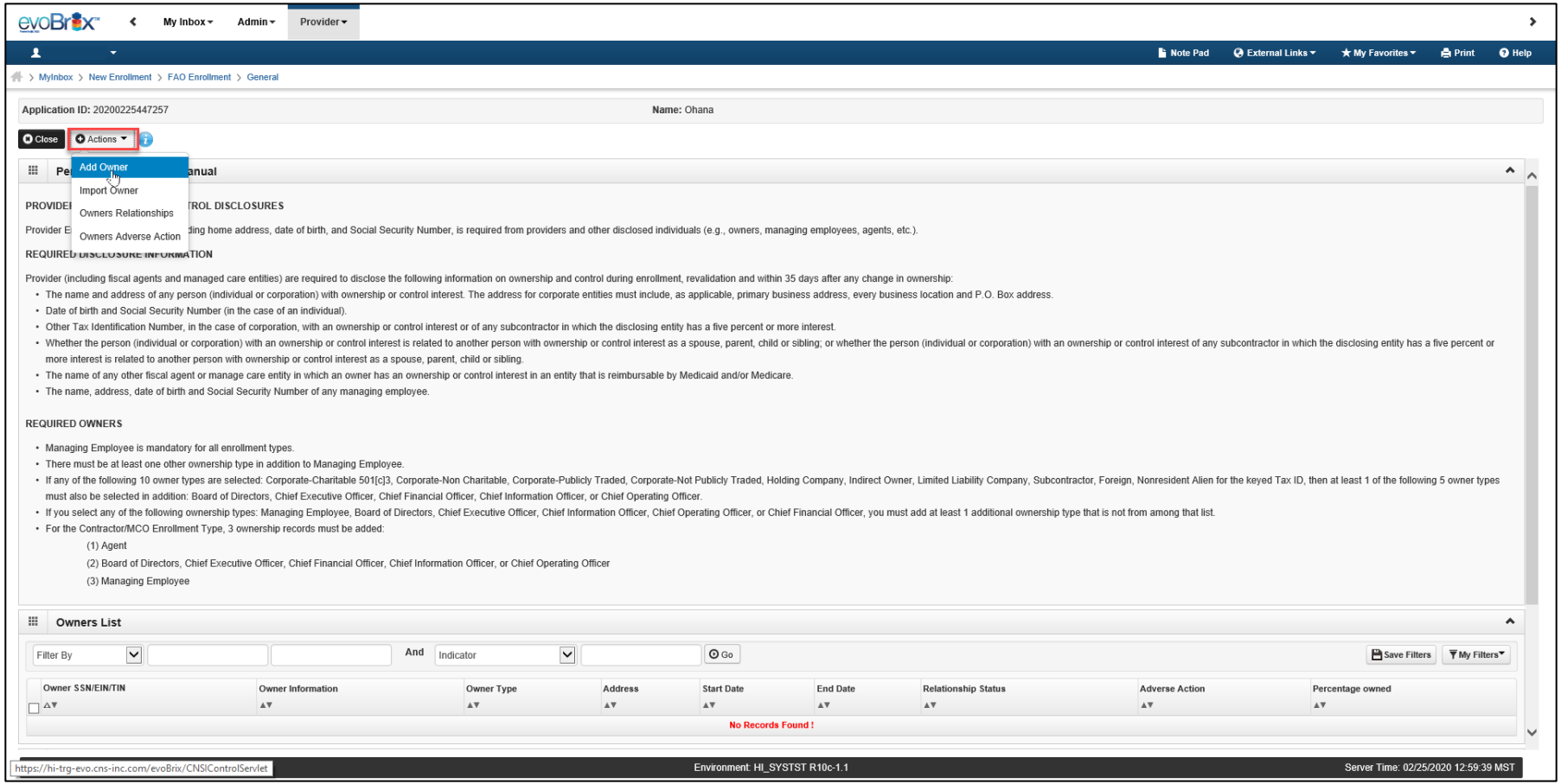
Add Owner



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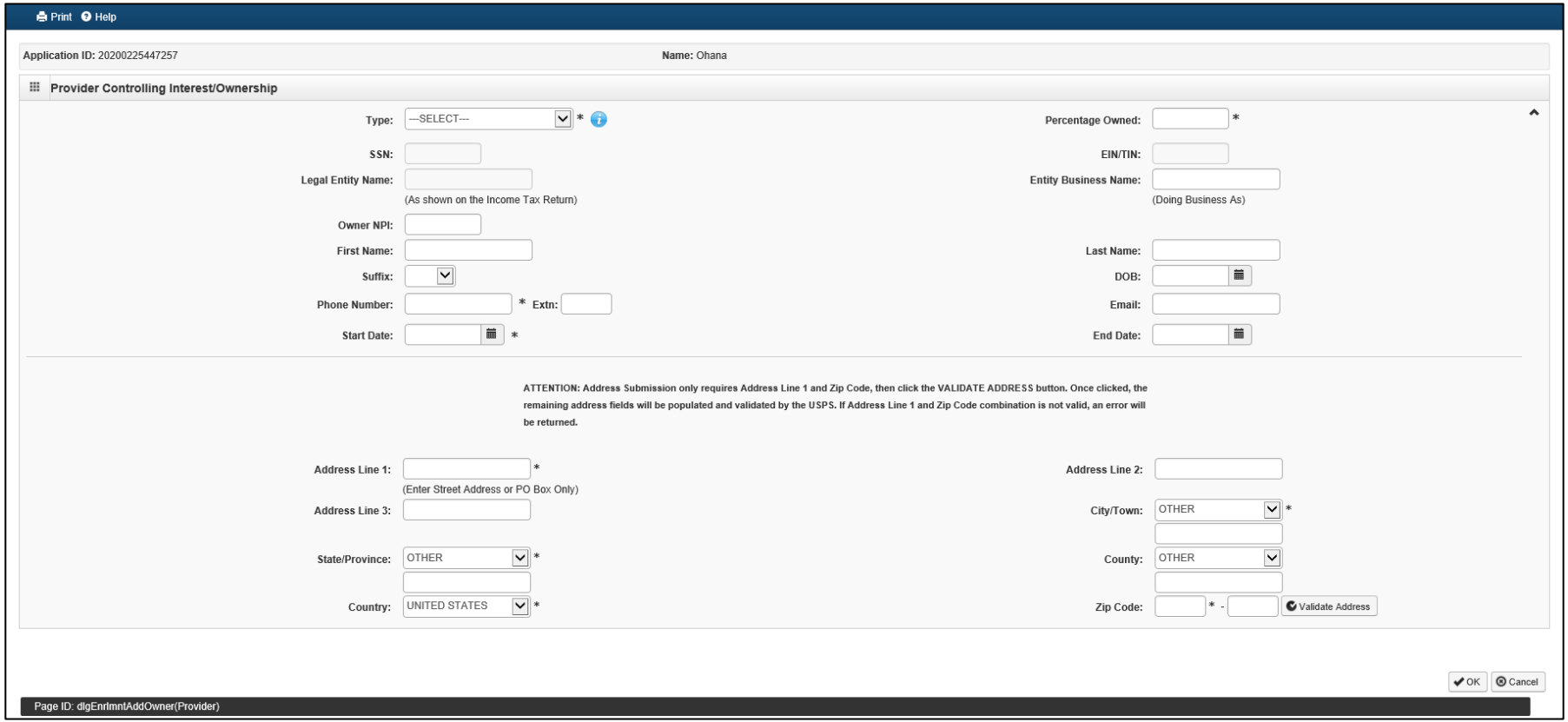
Add Ownership



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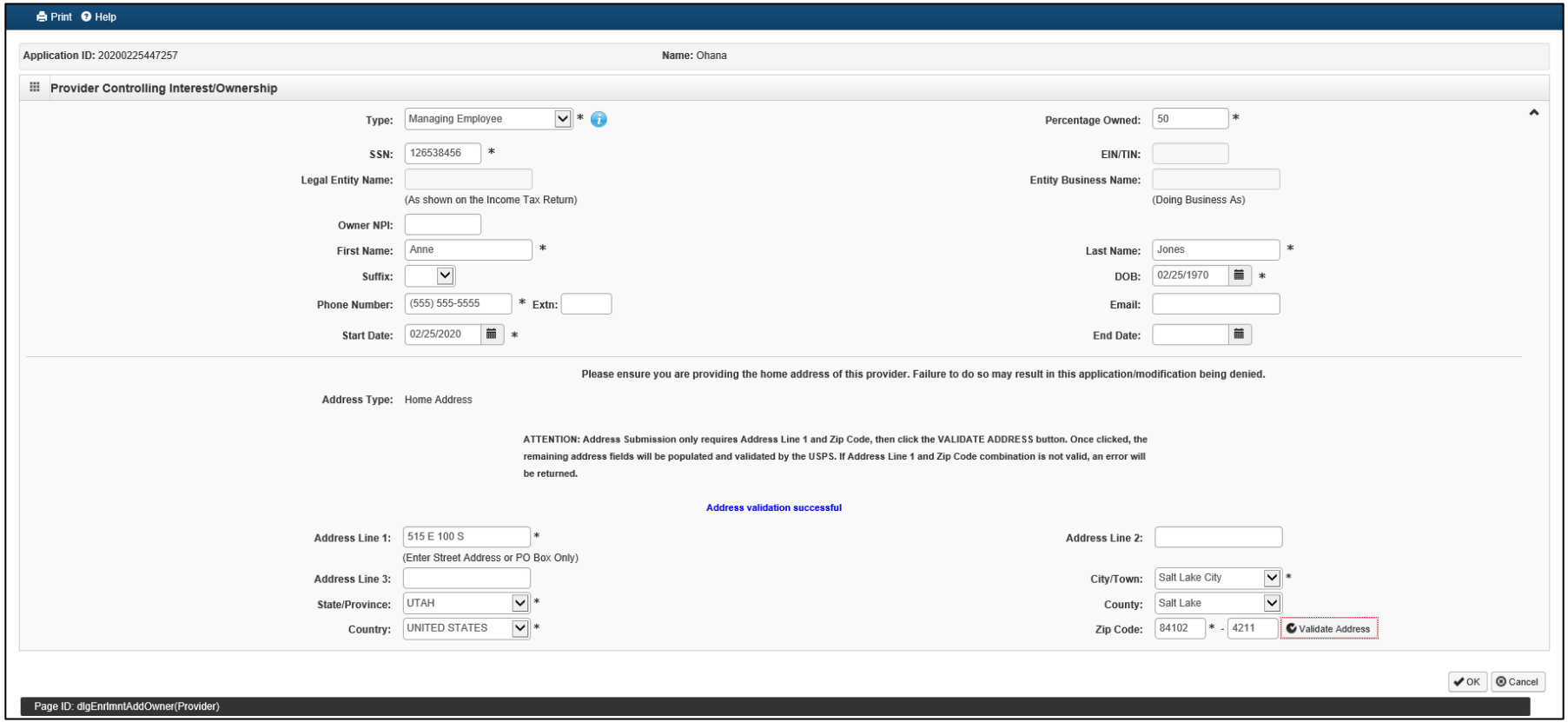
Add Ownership



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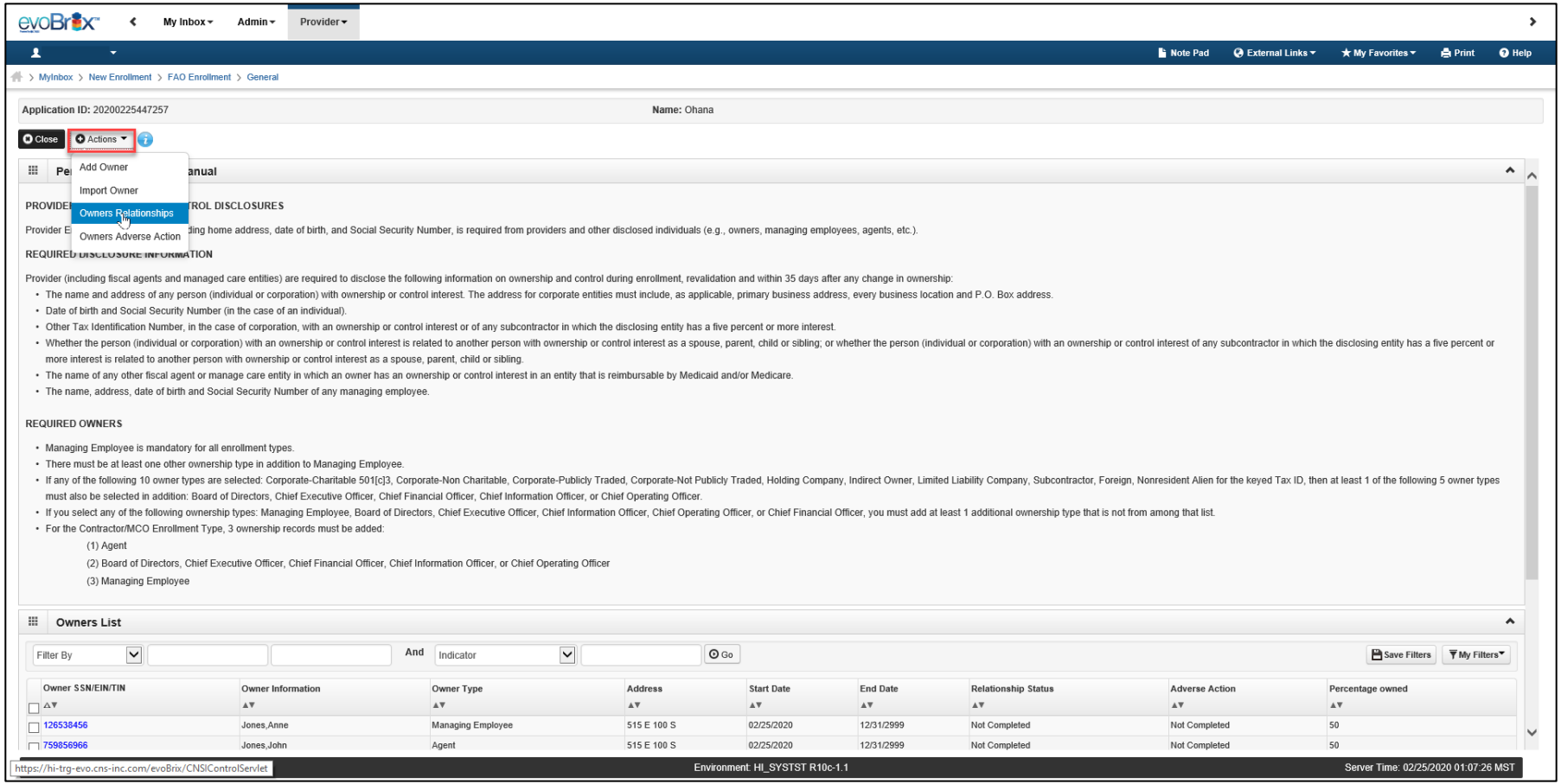
Add Owners Relationship



Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- If any of the following 10 owner types are selected: Corporate-Charitable 501[c]3, Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien for the keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
- If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
- For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
  - (1) Agent
  - (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
  - (3) Managing Employee

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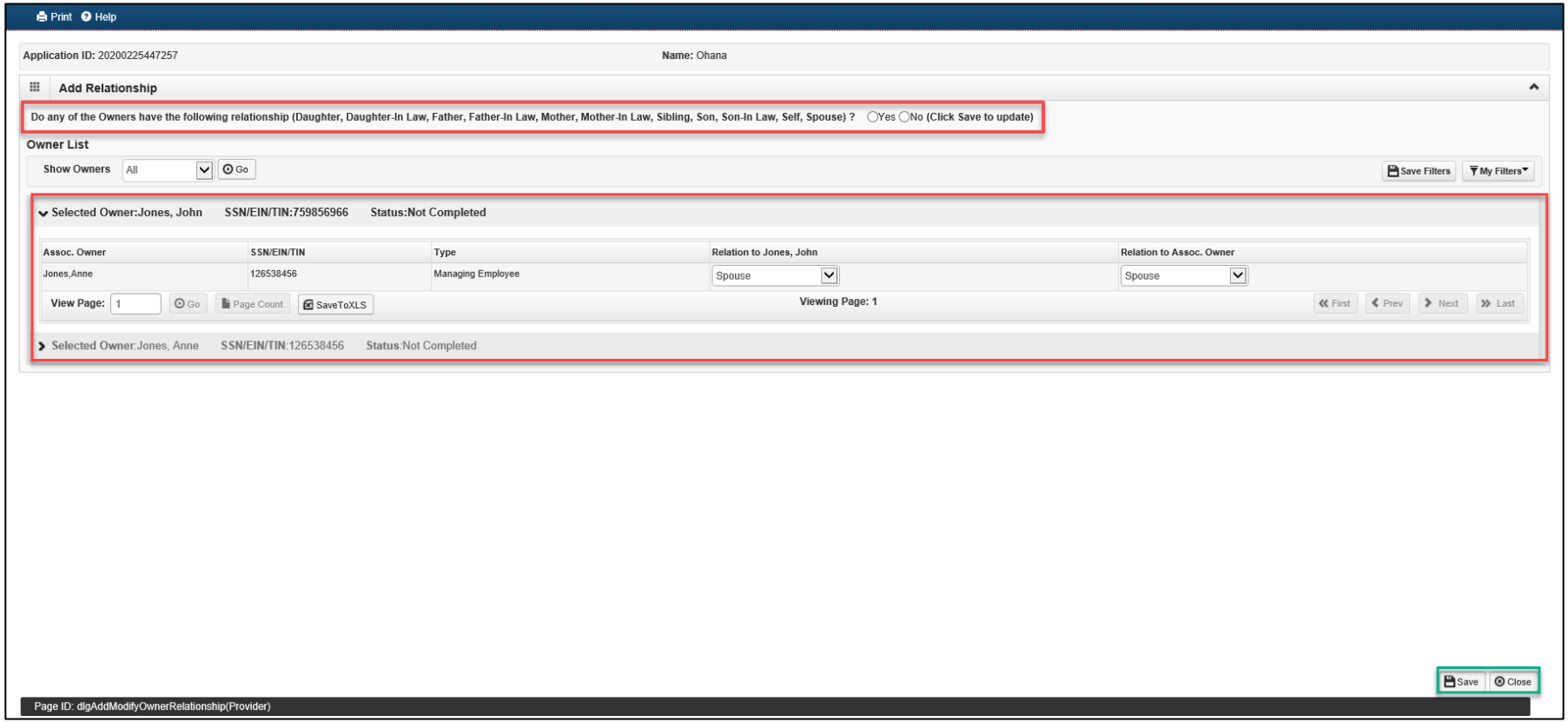
Add Owners Relationship



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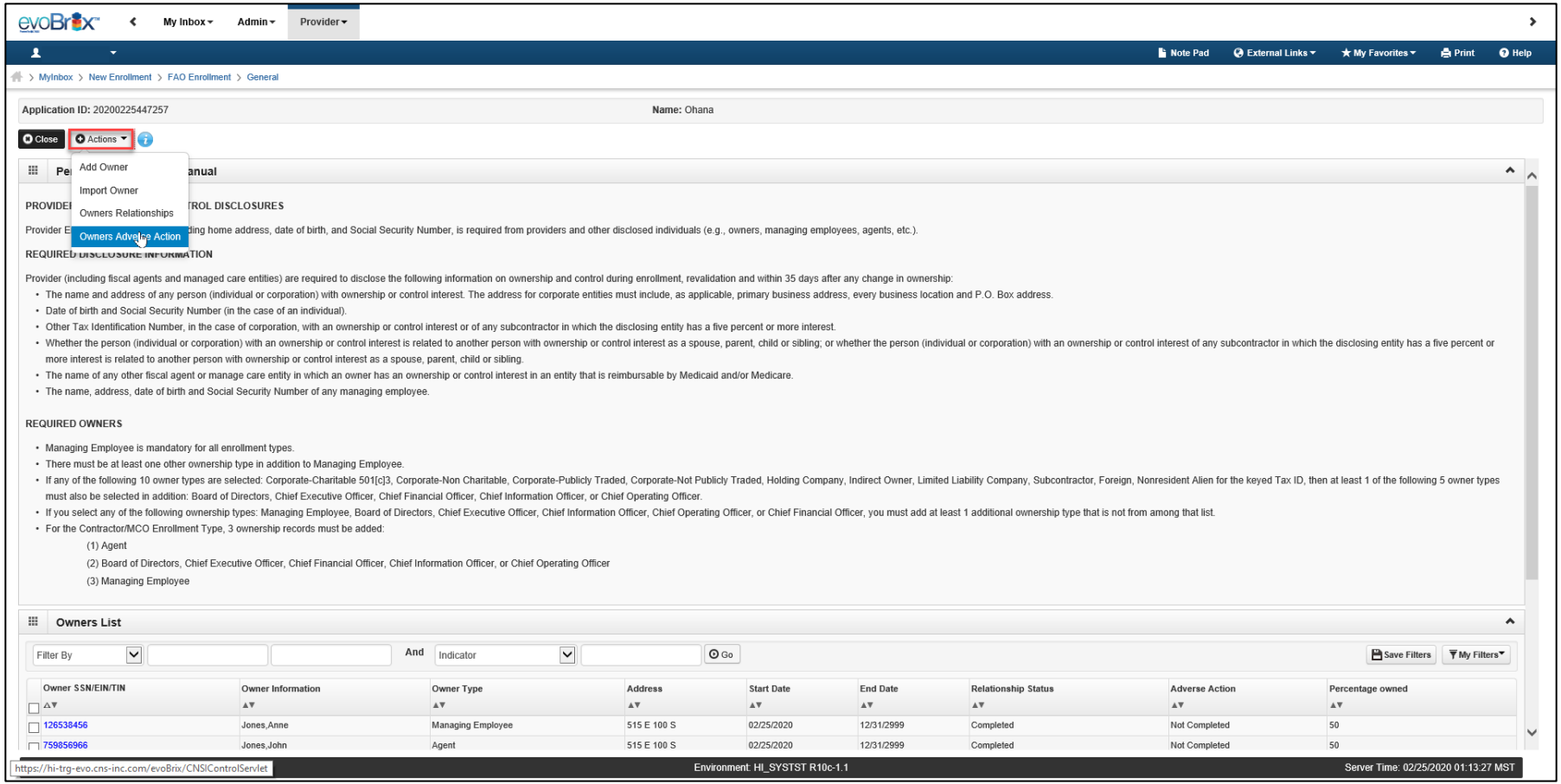
Complete Adverse Actions



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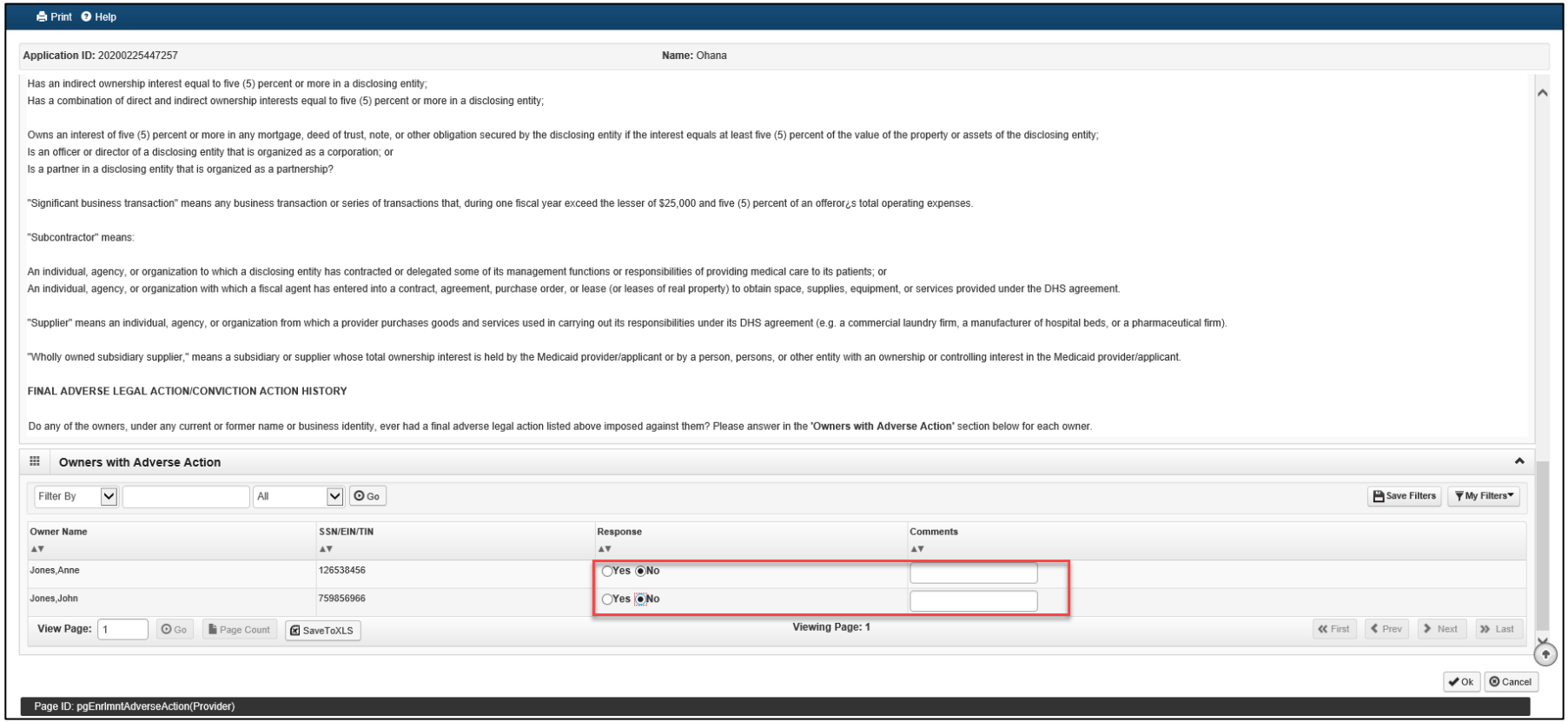
Disclose Adverse Actions



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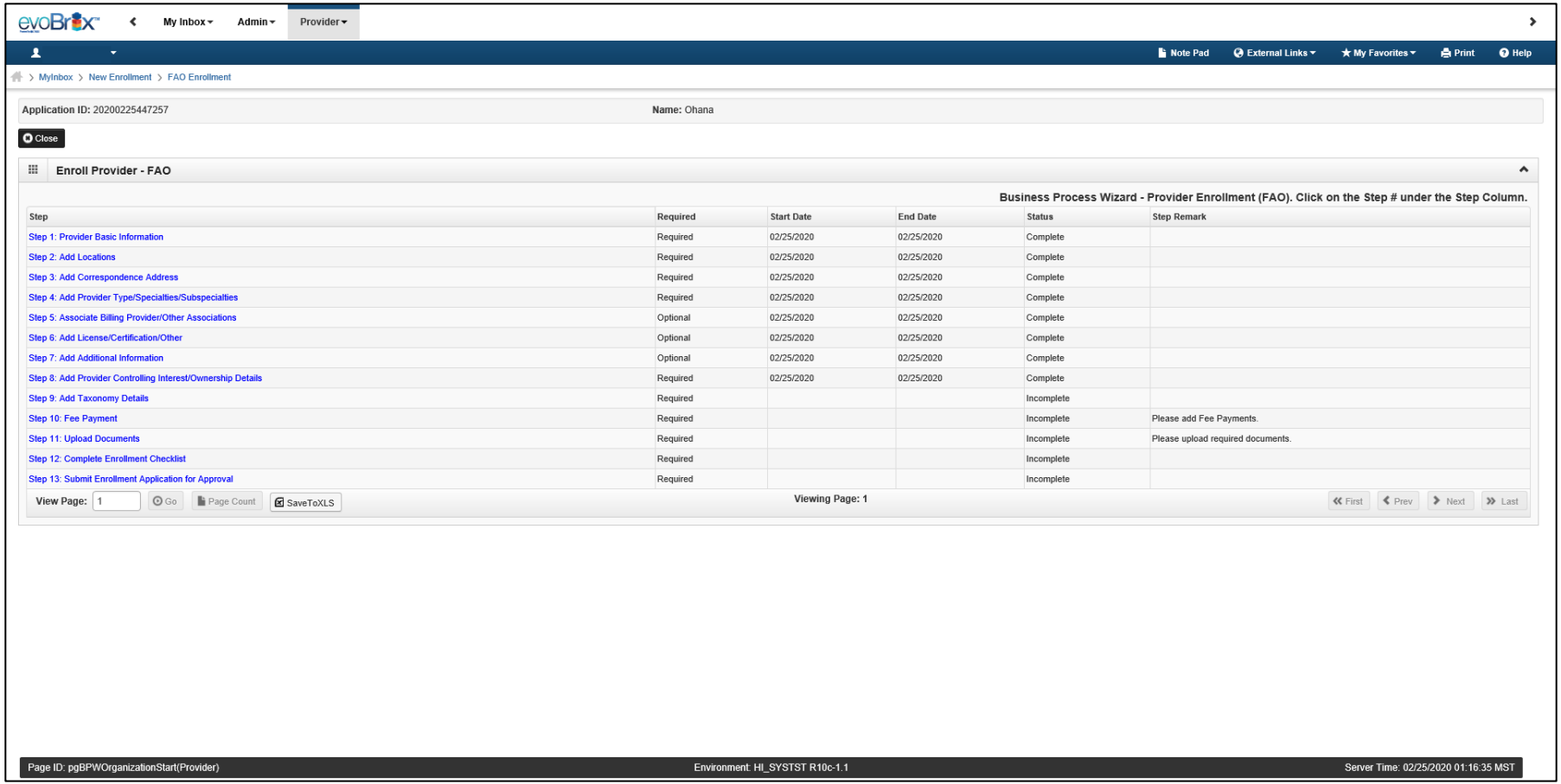
Step 9: Taxonomy Details



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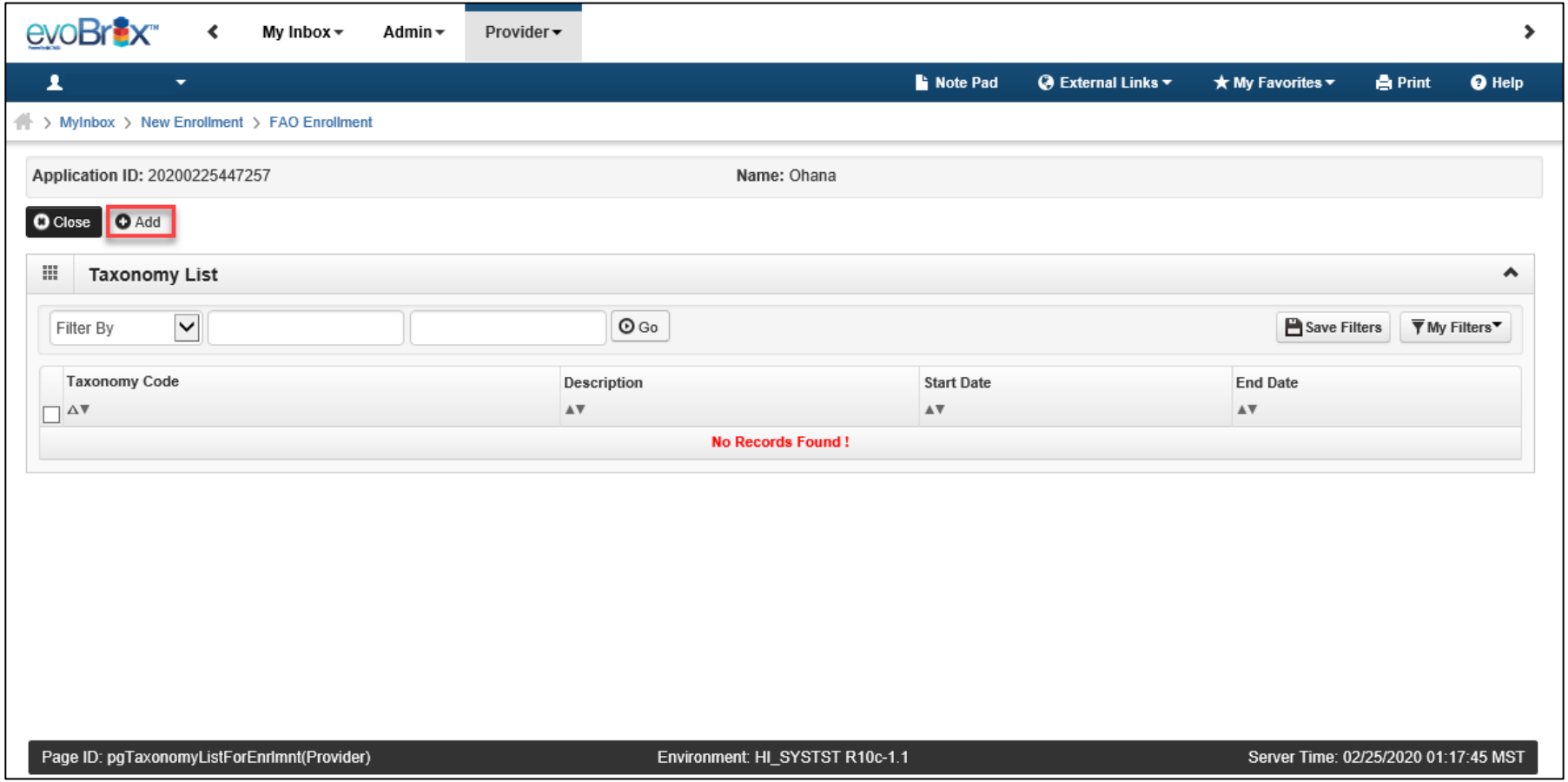
Taxonomy Details



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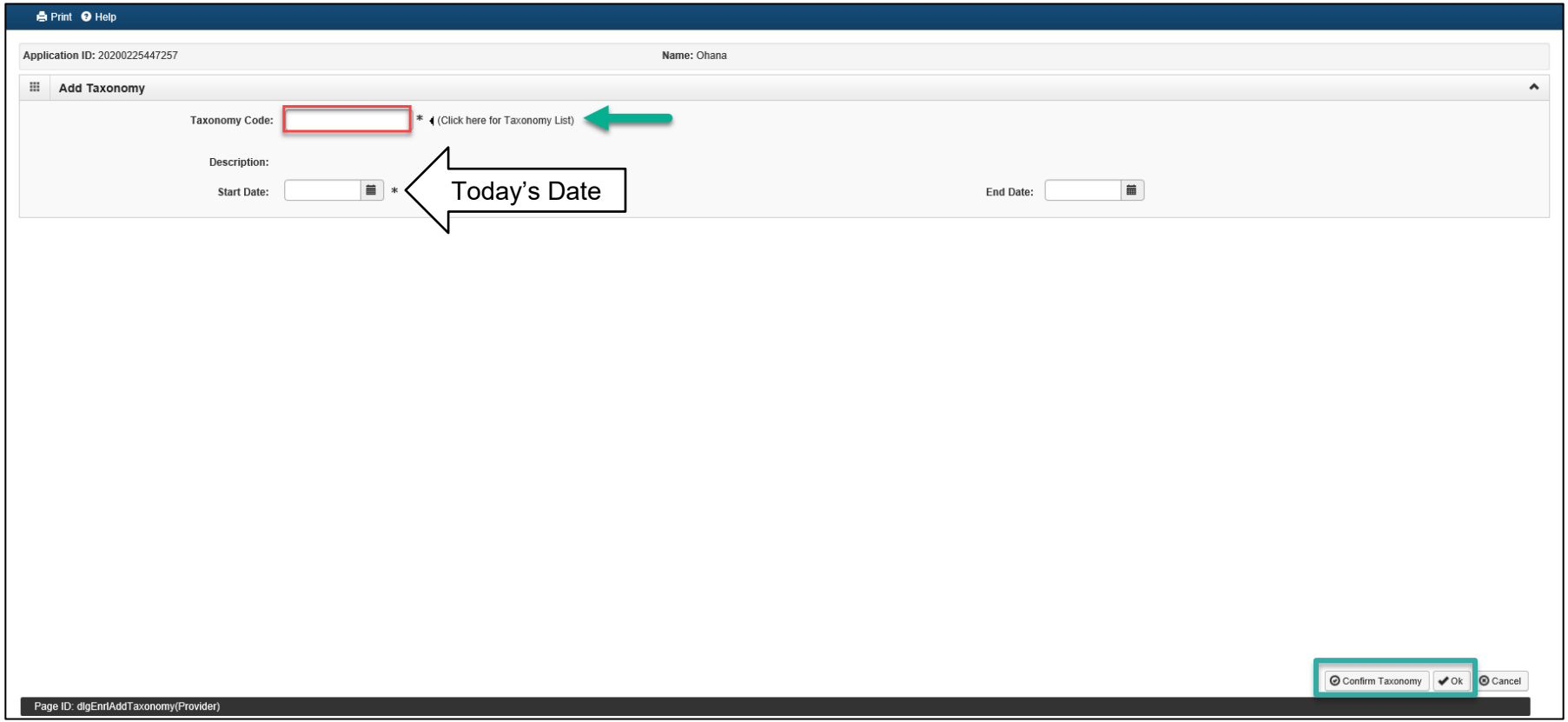
Add Taxonomy



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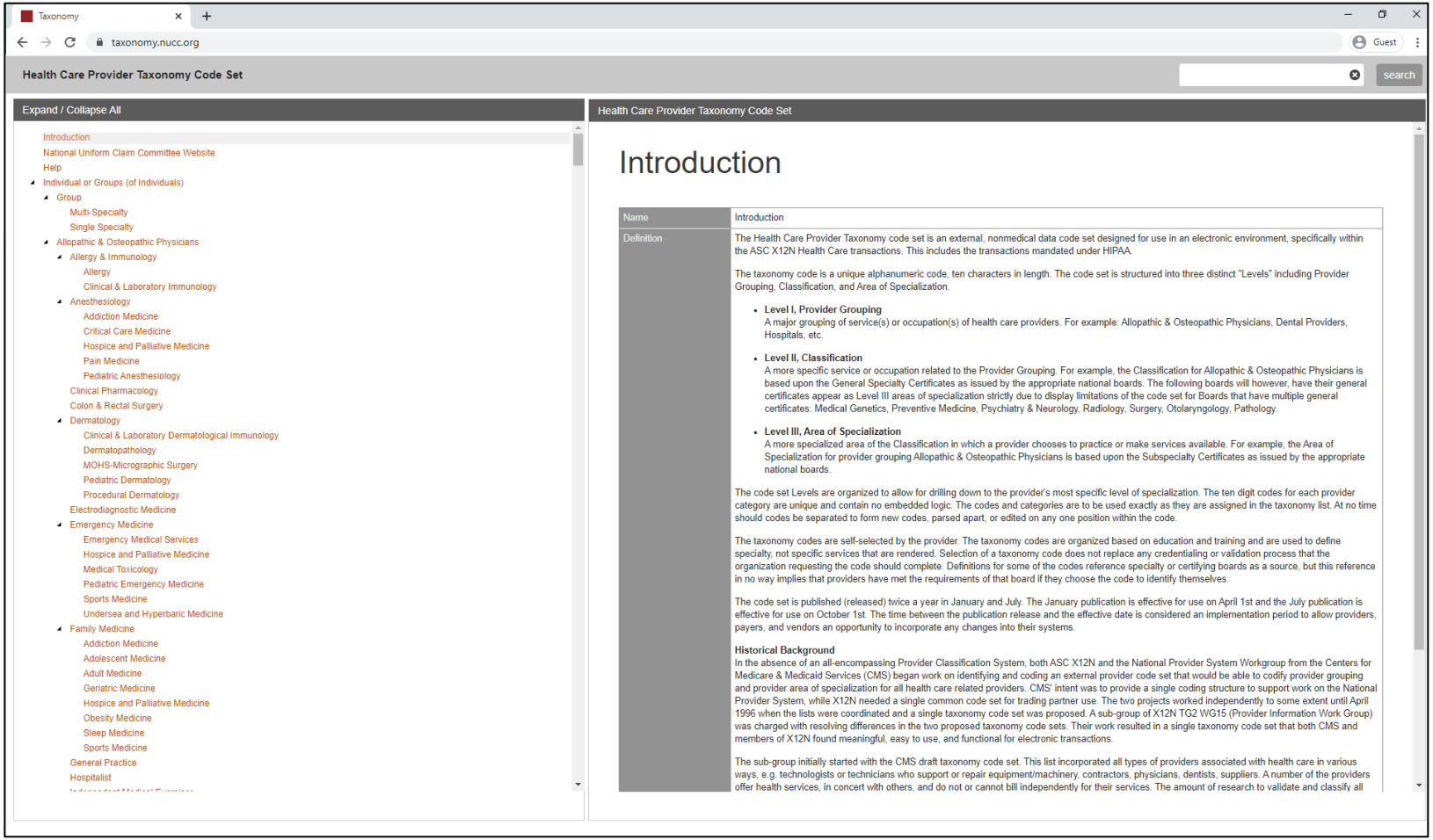
NUCC Taxonomy Code List



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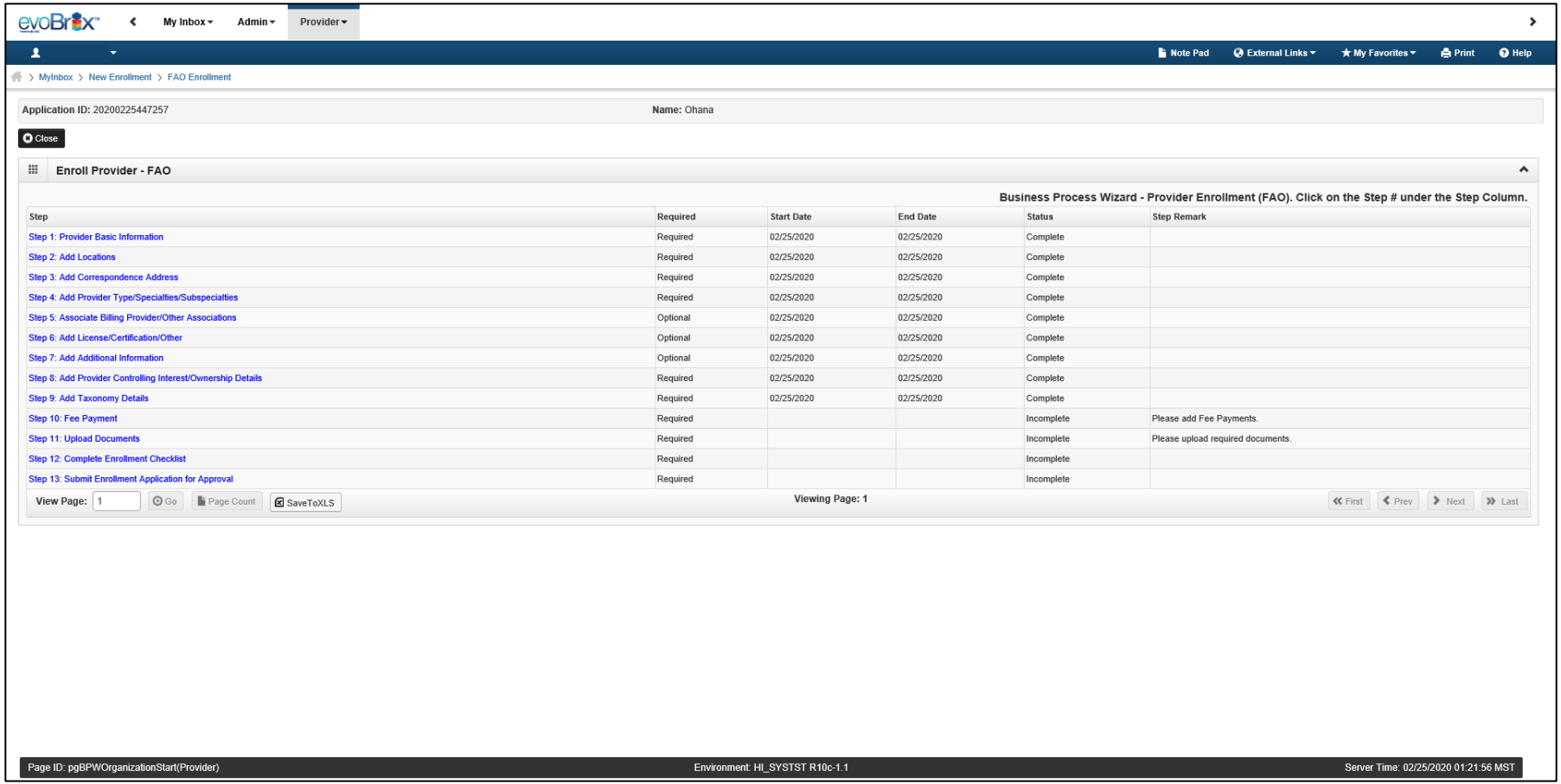
Step 10: Fee Payment



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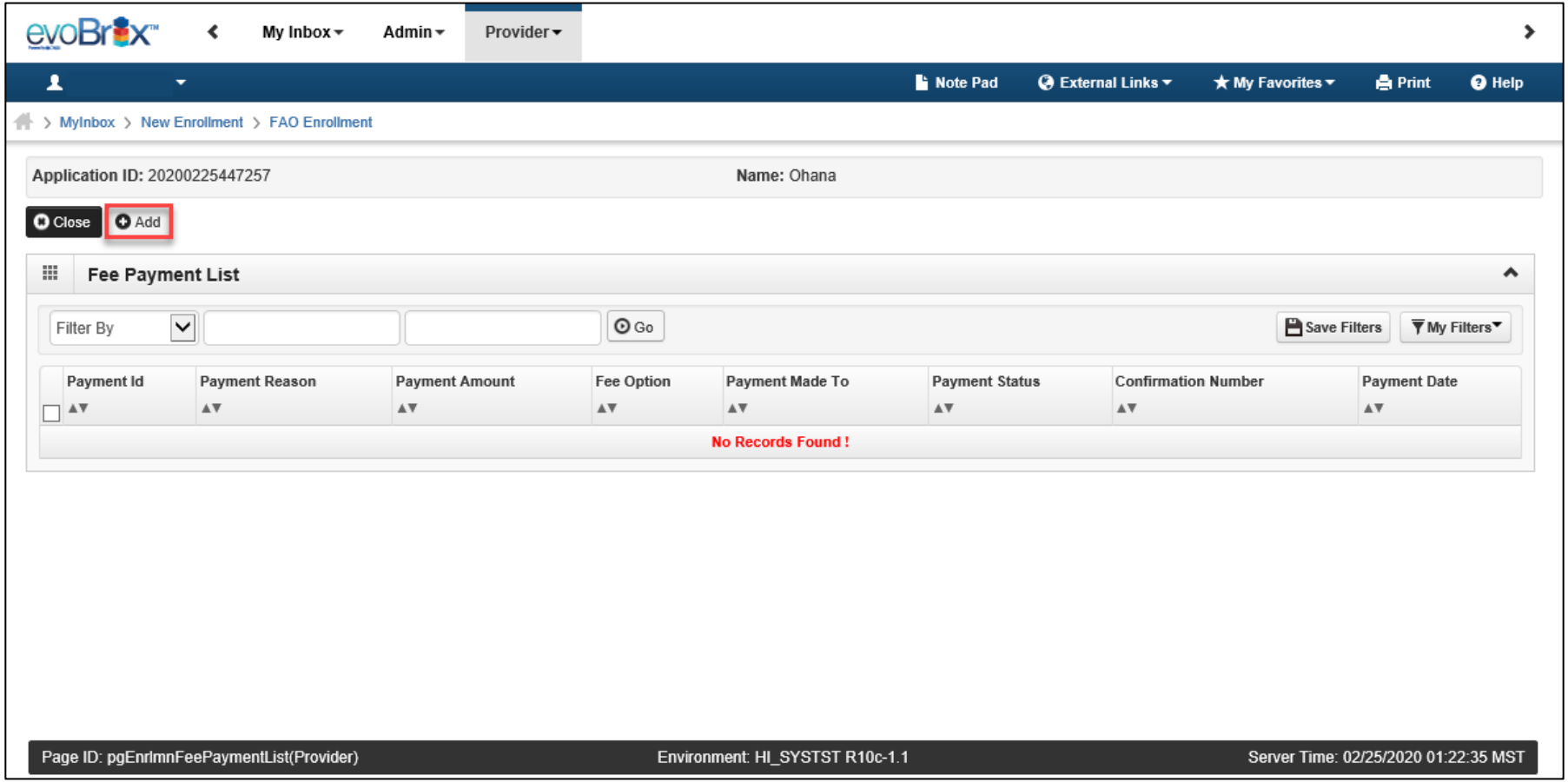
Fee Payment



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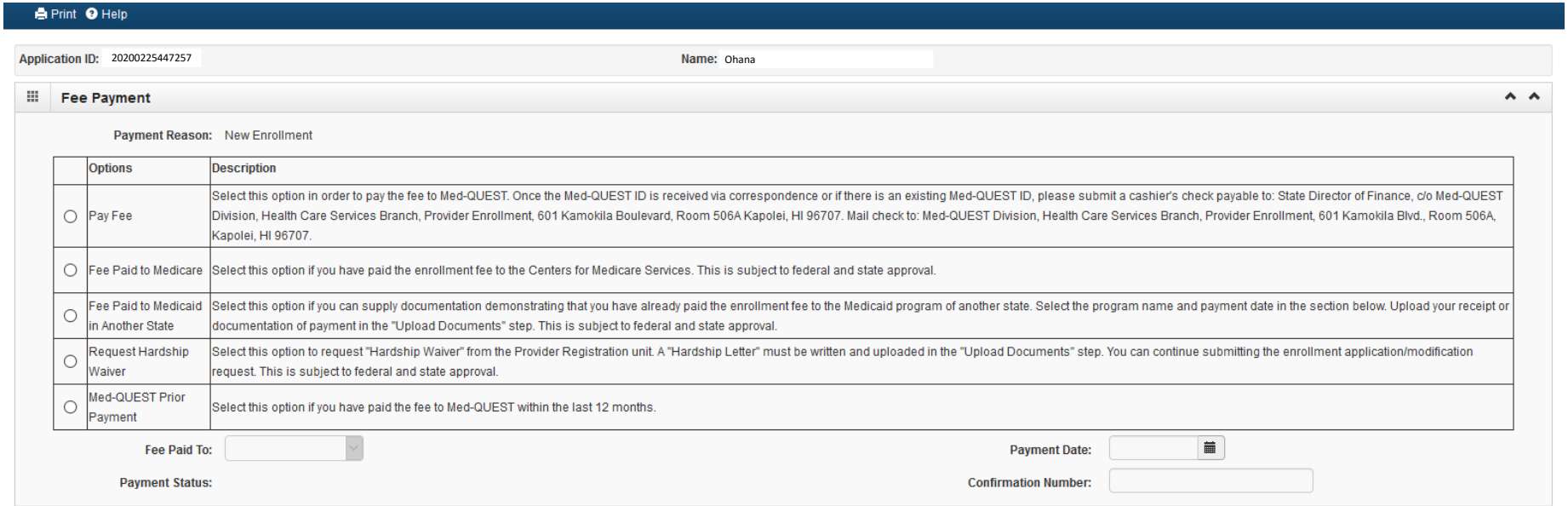
Fee Payment



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.

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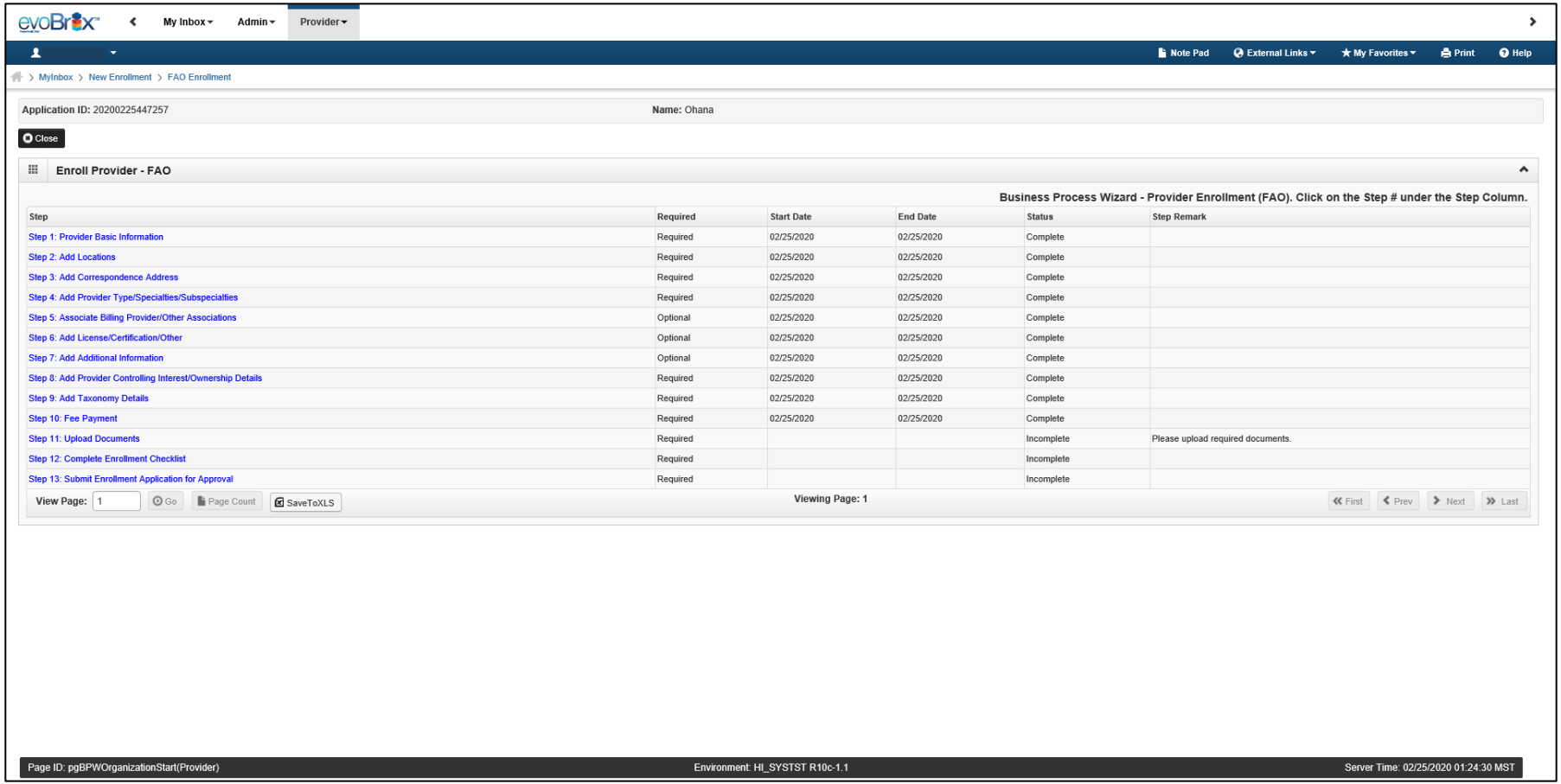
Step 11: Upload Documents



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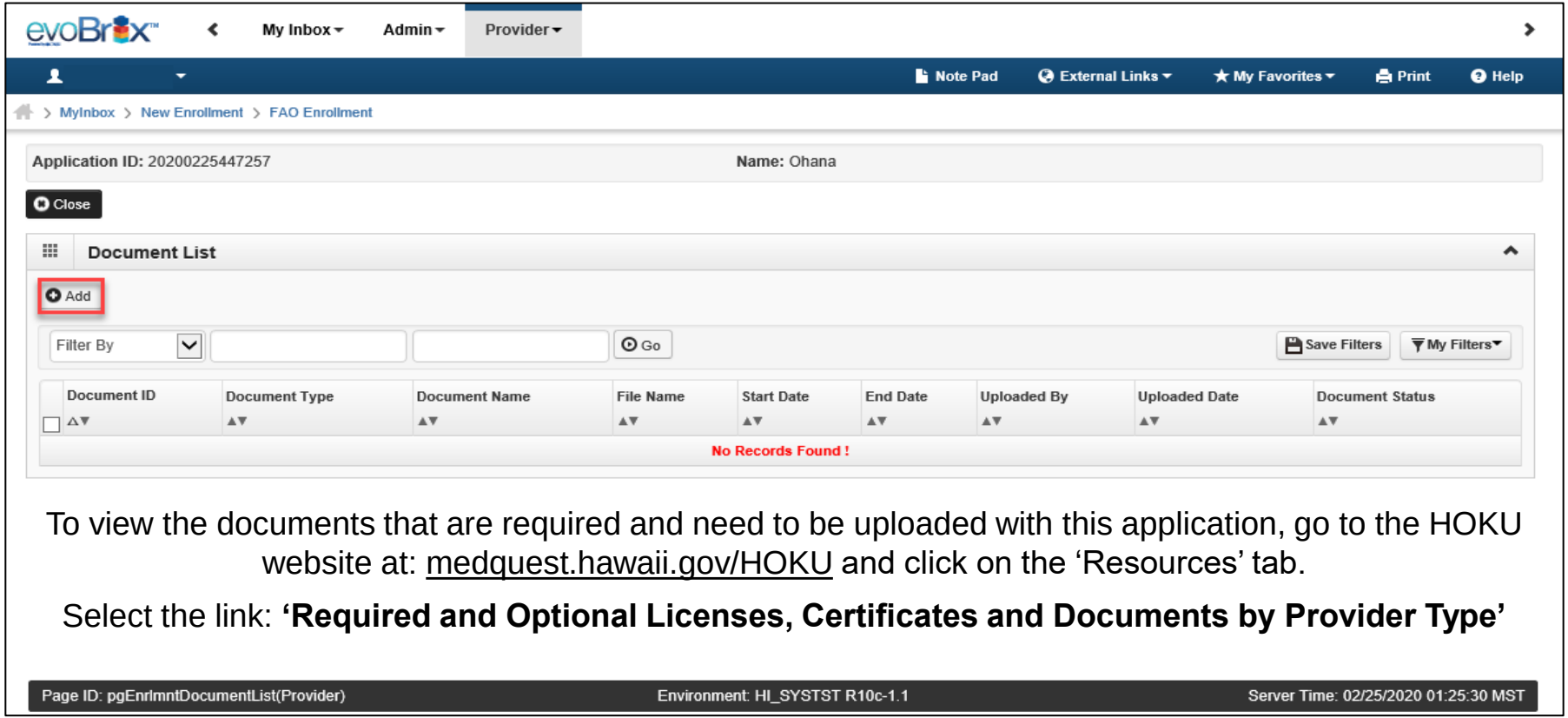
Upload Documents



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.

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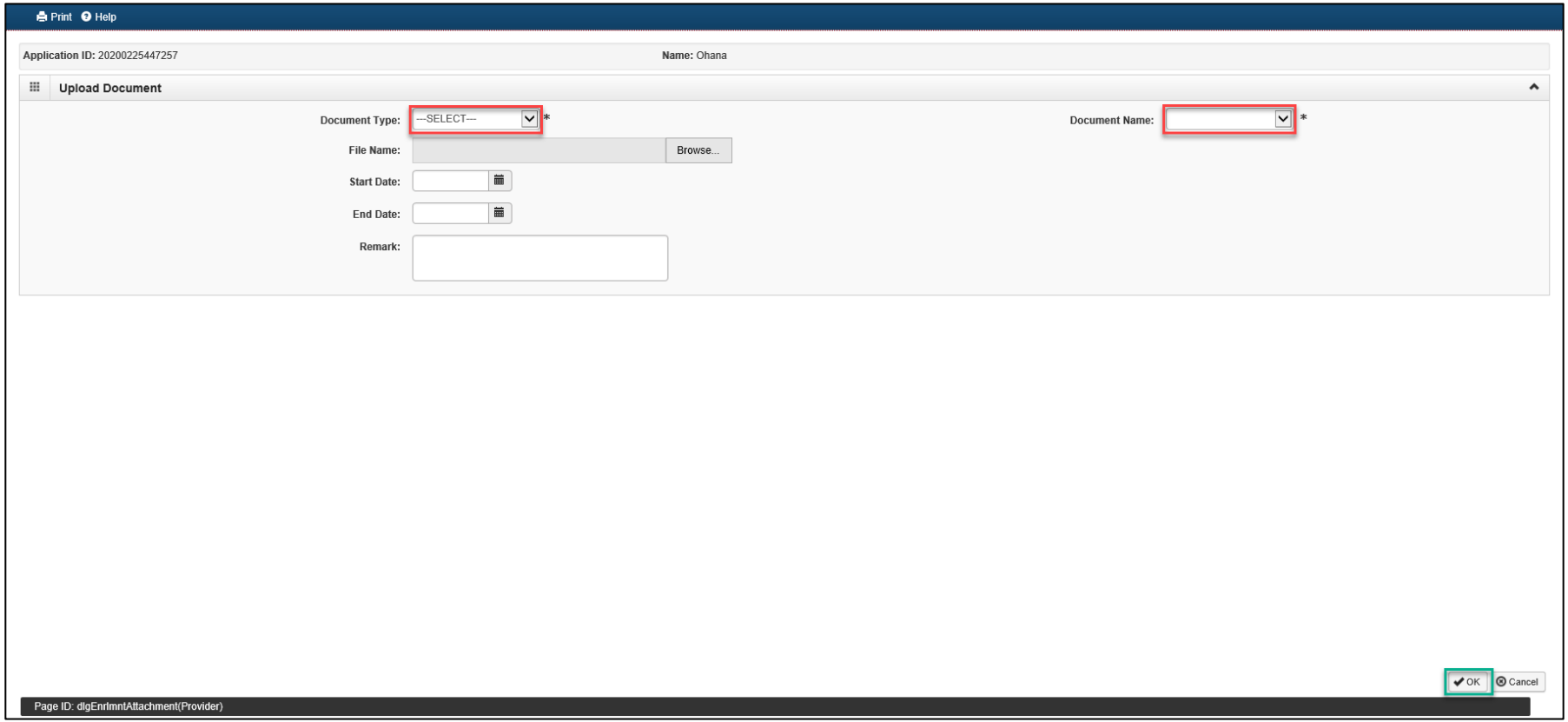
Upload Documents



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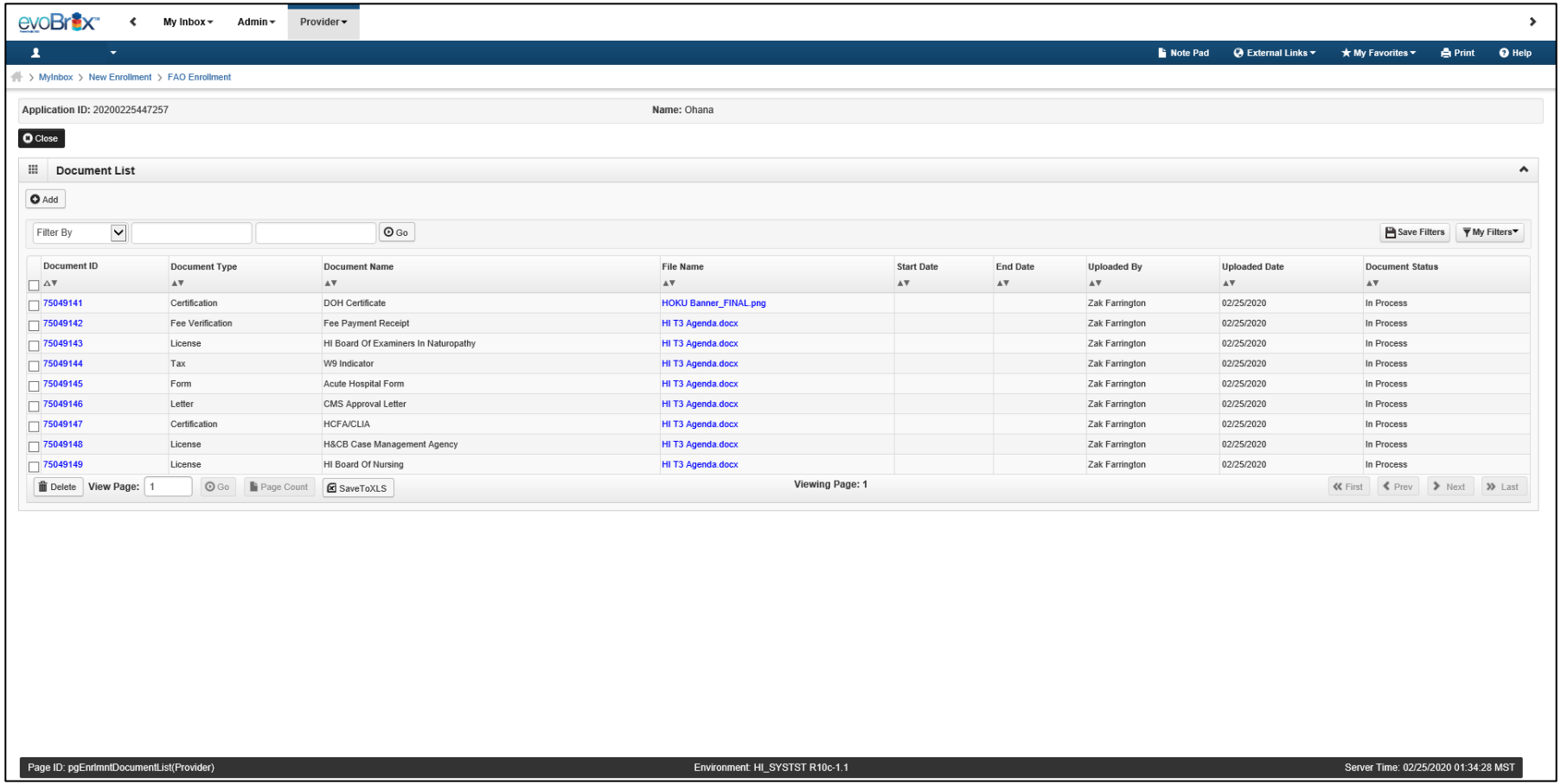
Upload Documents



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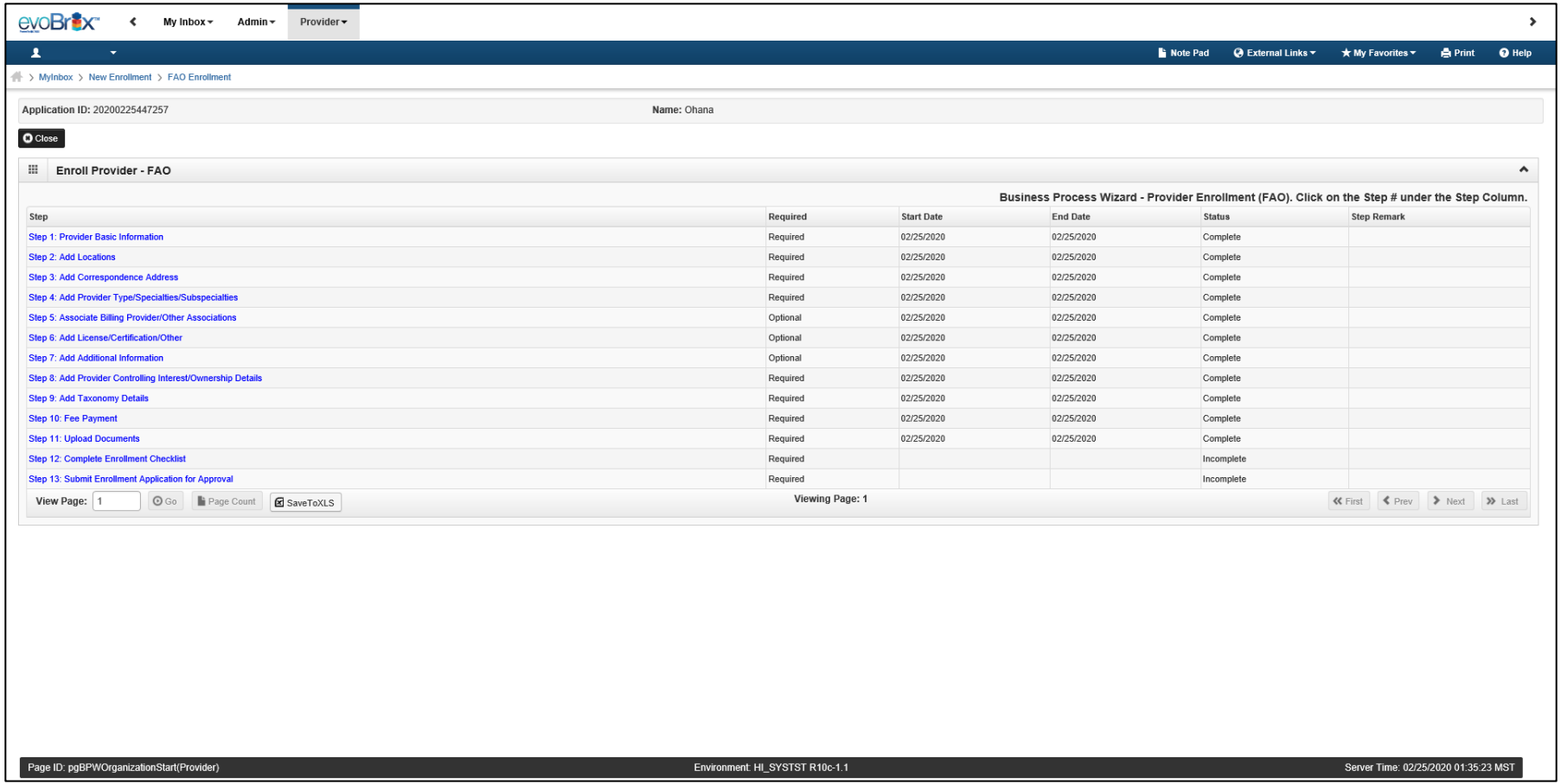
Step 12: Enrollment Checklist



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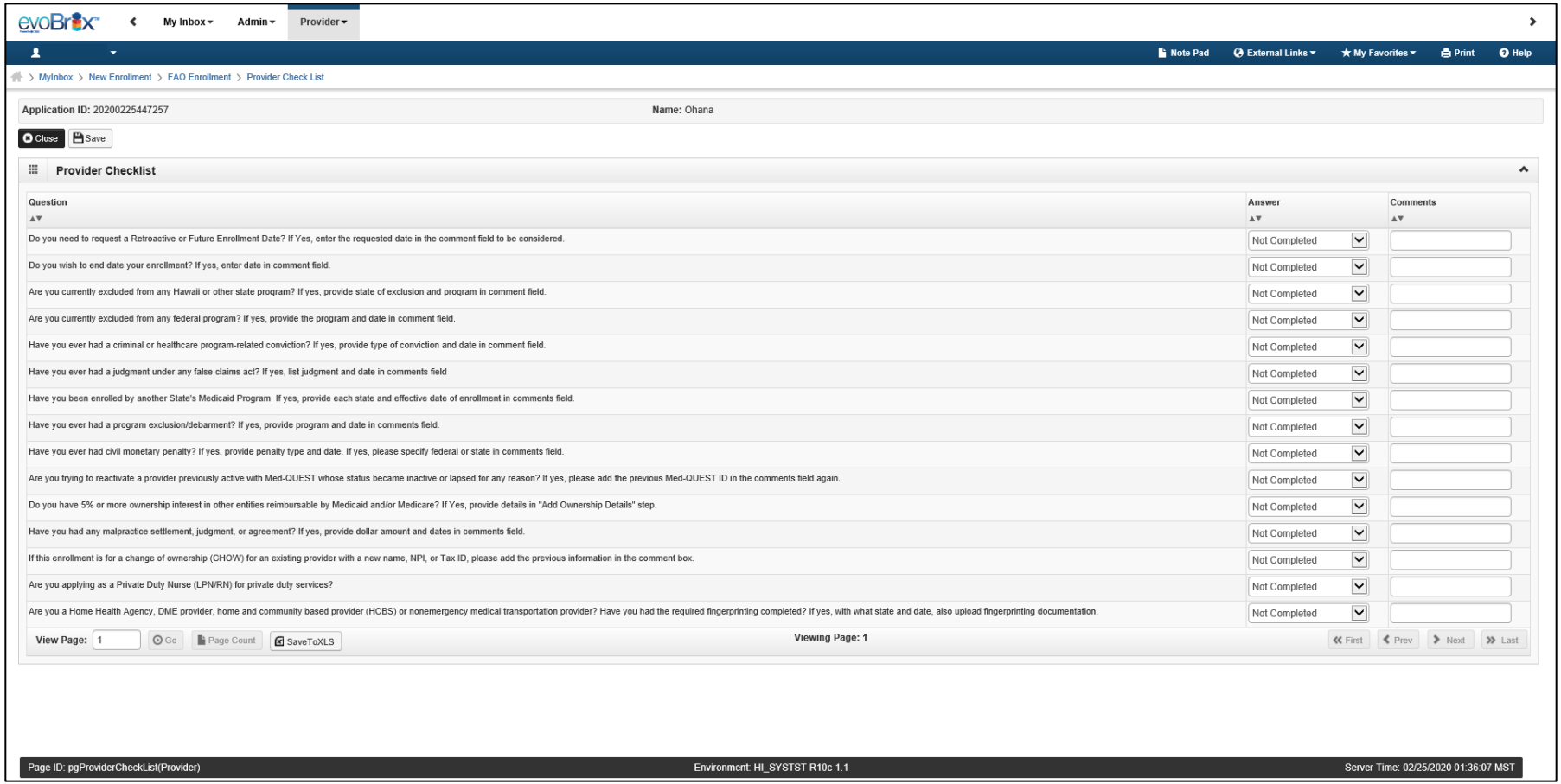
Enrollment Checklist



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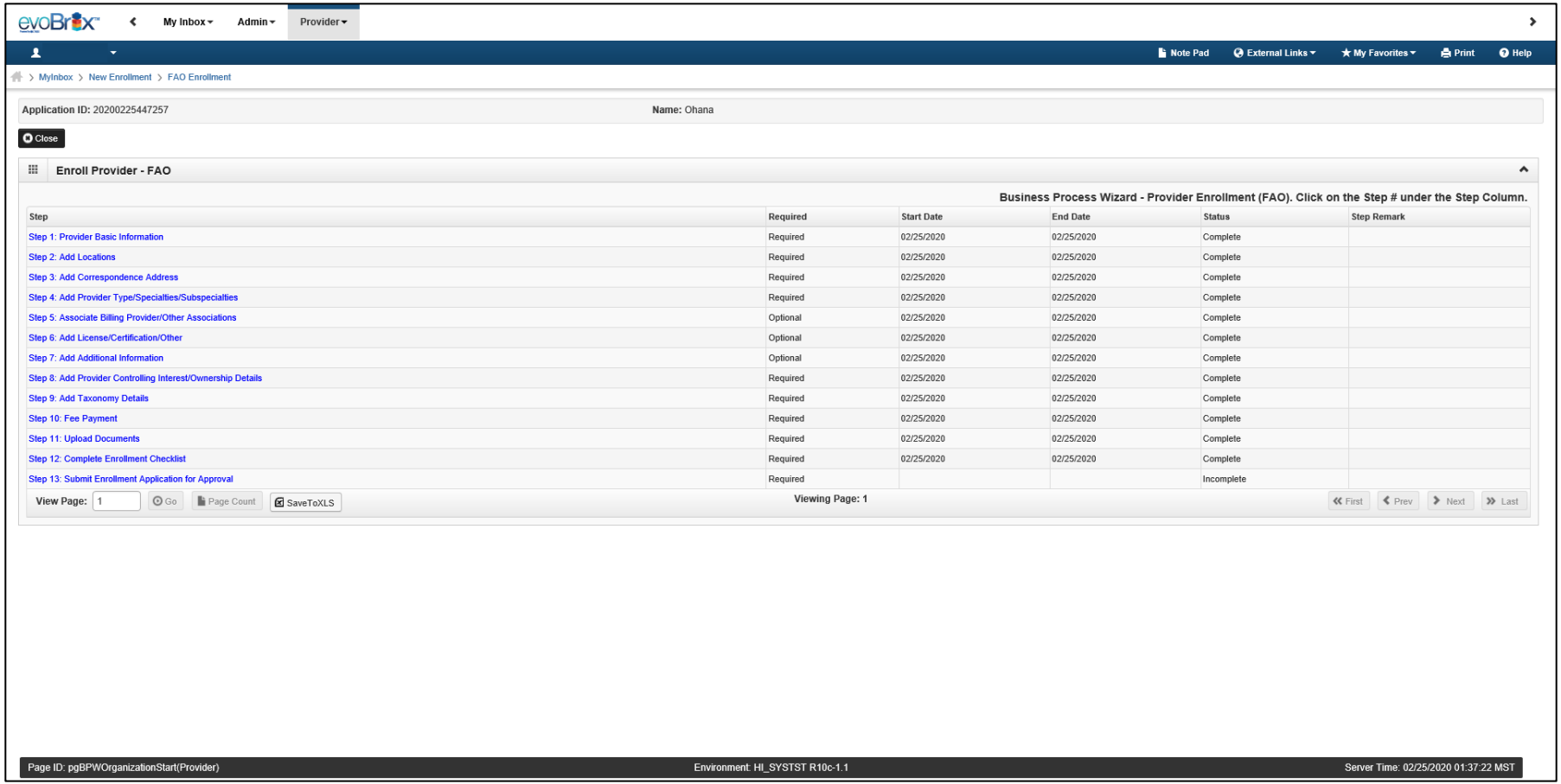
Step 13: Submit Application



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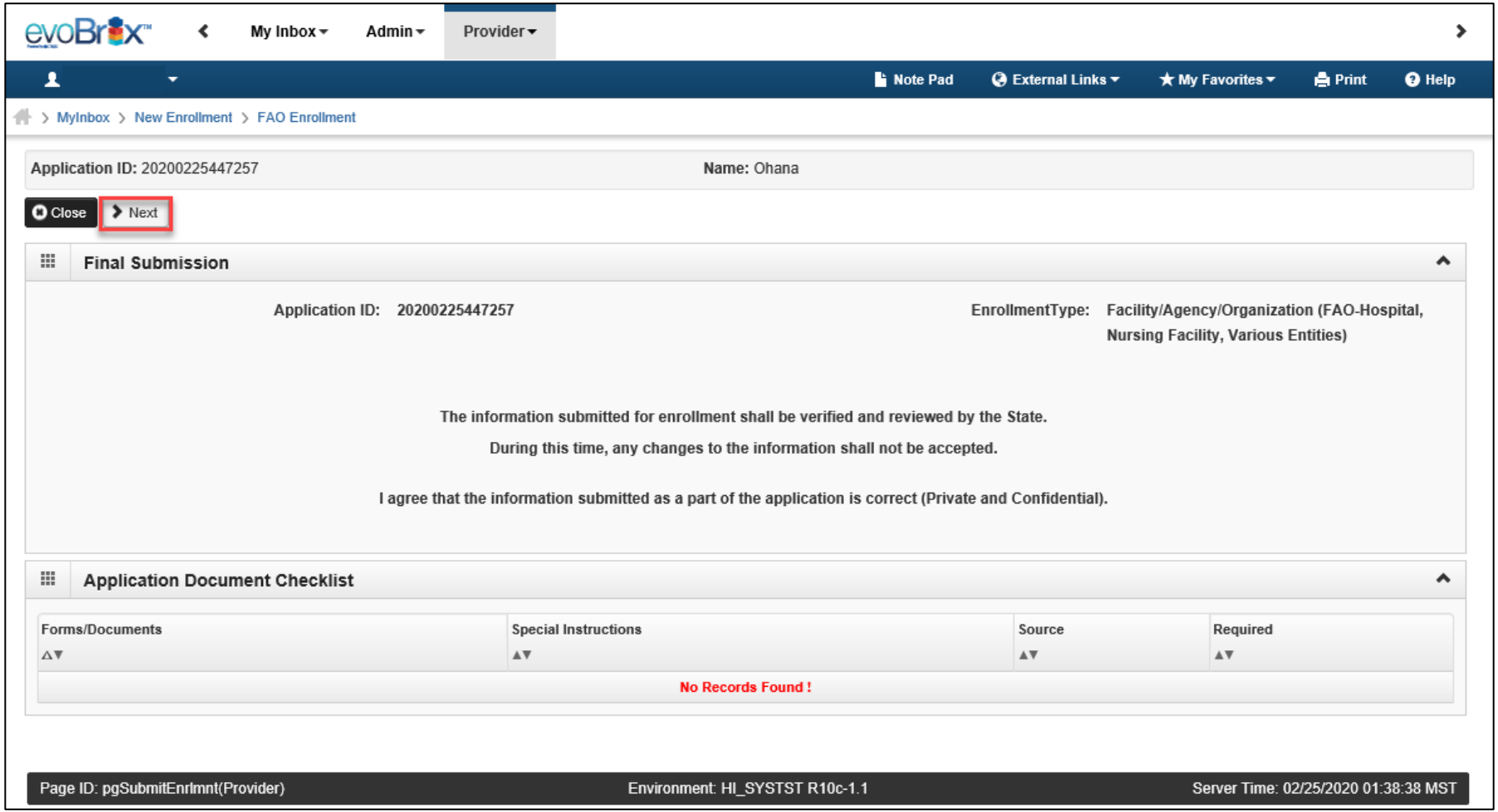
Submit Application



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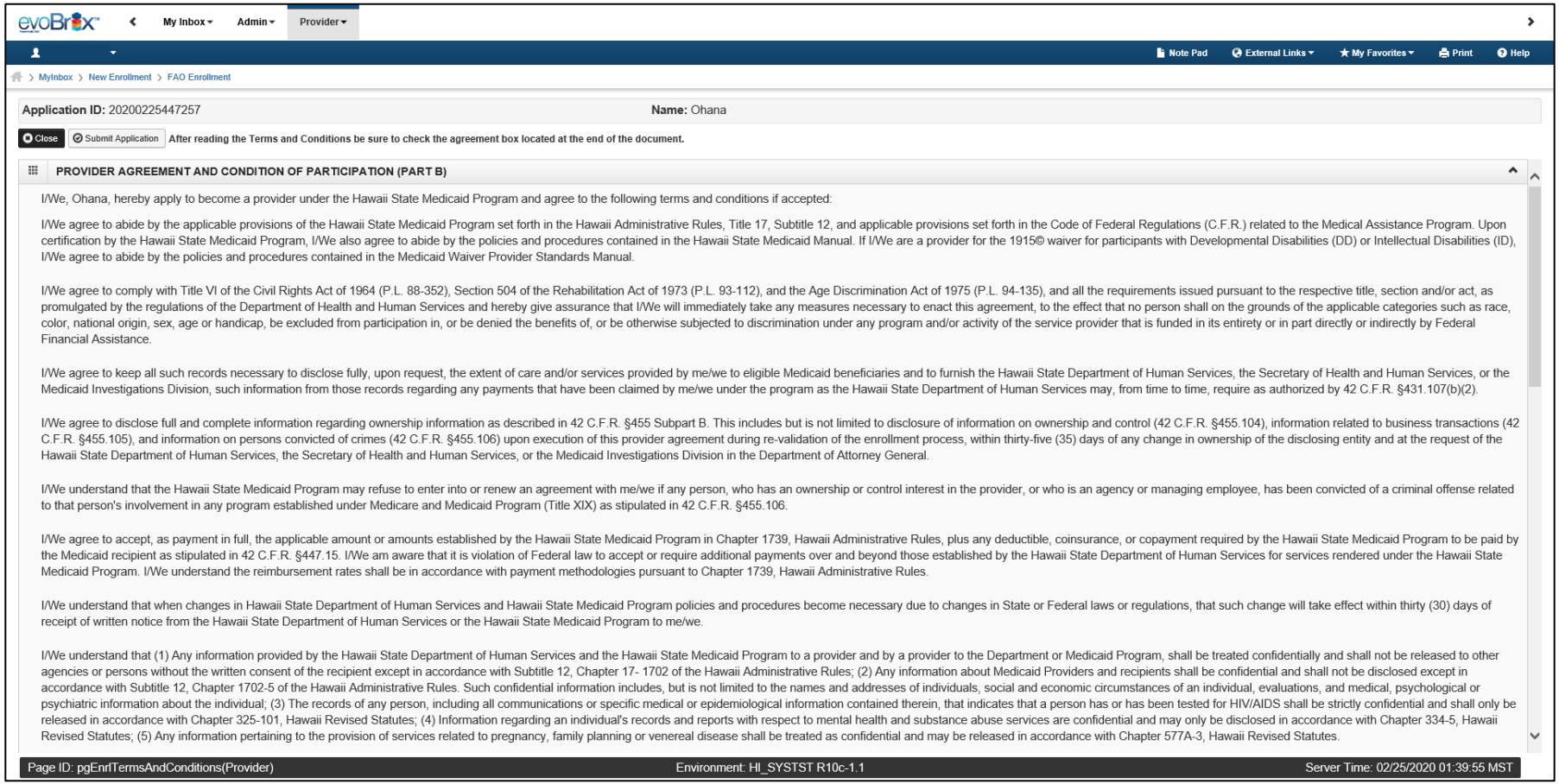
Review Provider Participation Agreement



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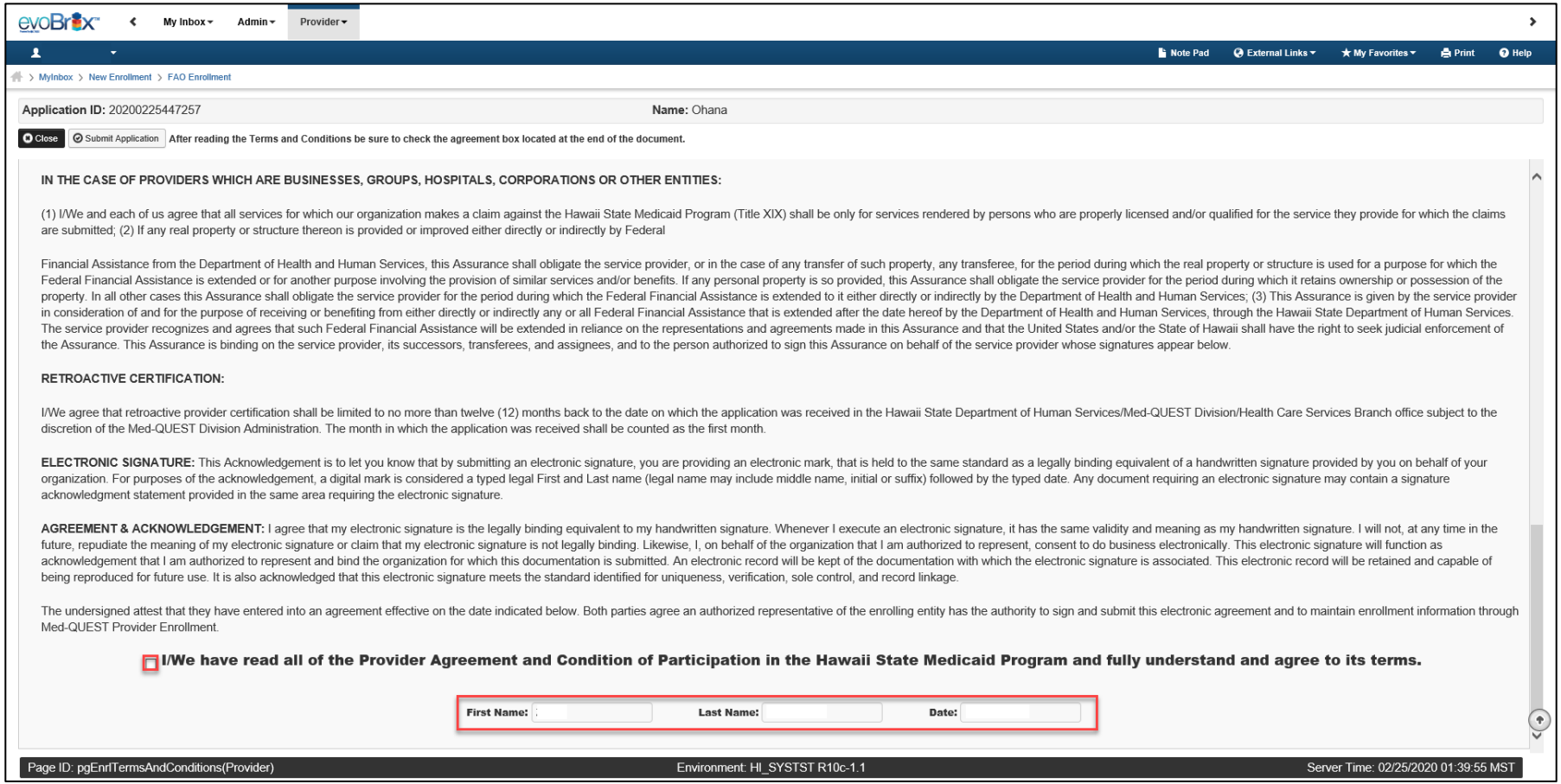
Review Provider Participation Agreement



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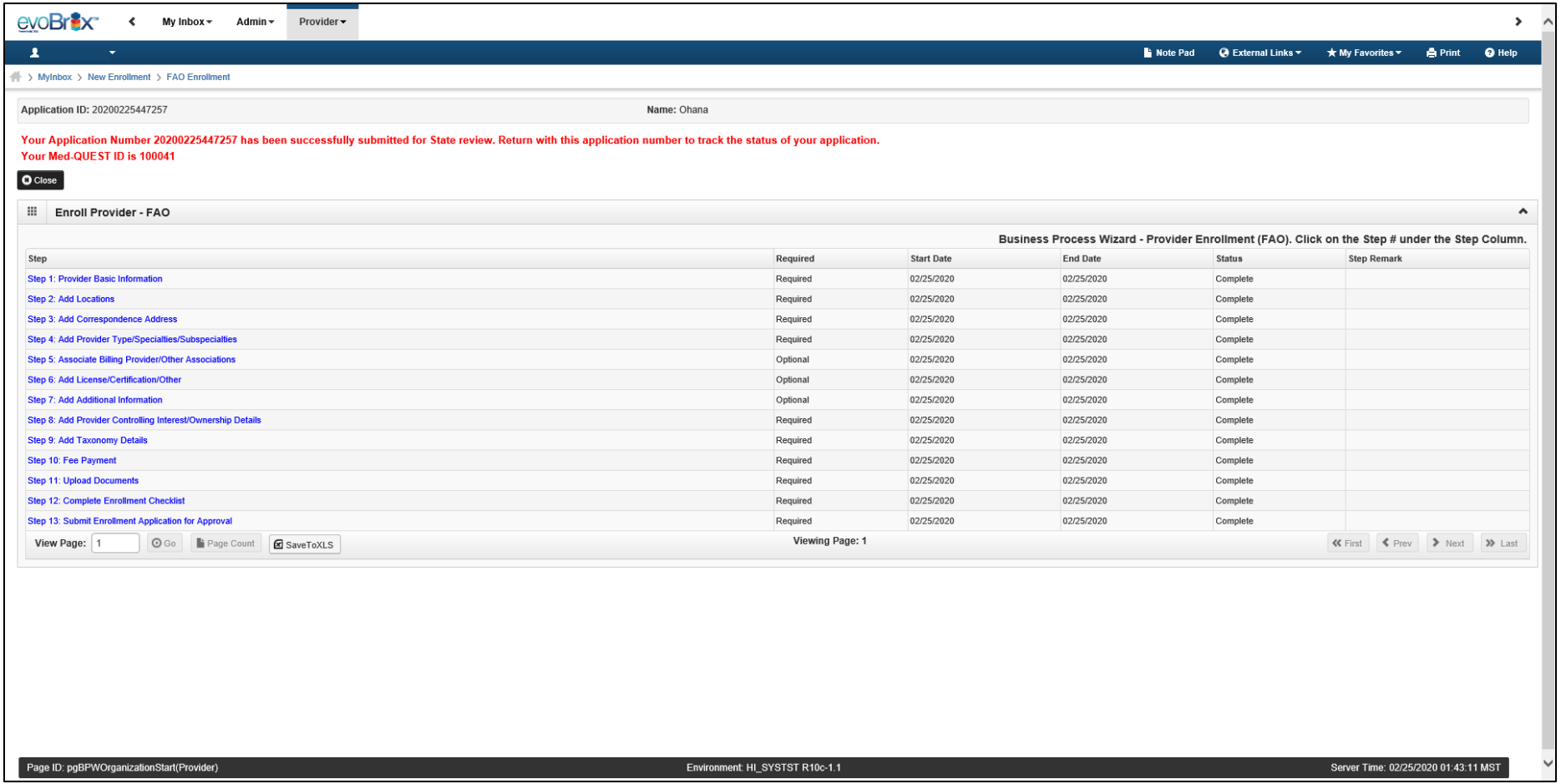
Submission Complete



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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.