CNSI innovation@work

Group Enrollment

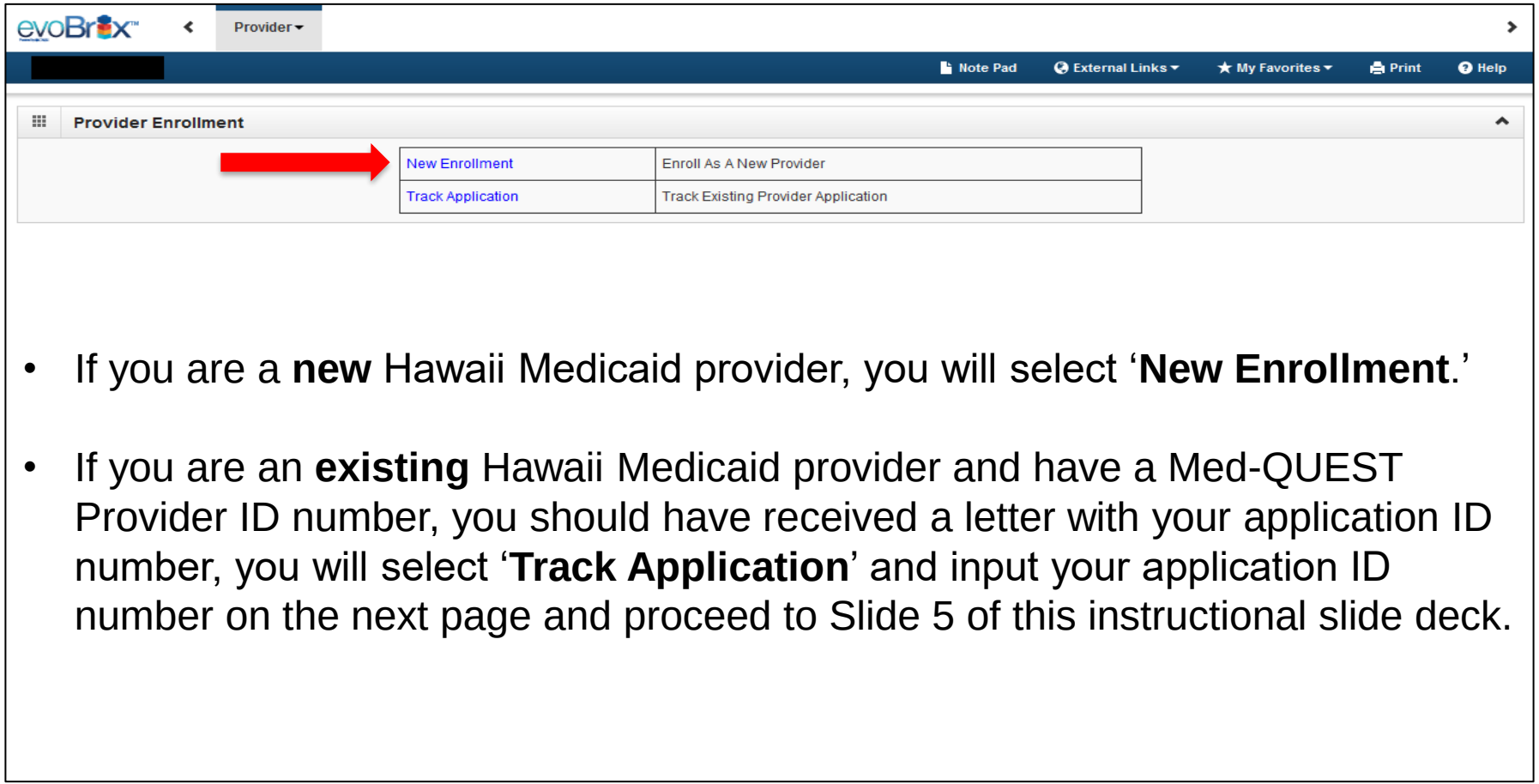
HOKU New Application Path

October 21, 2020

Selecting Group Enrollment Type

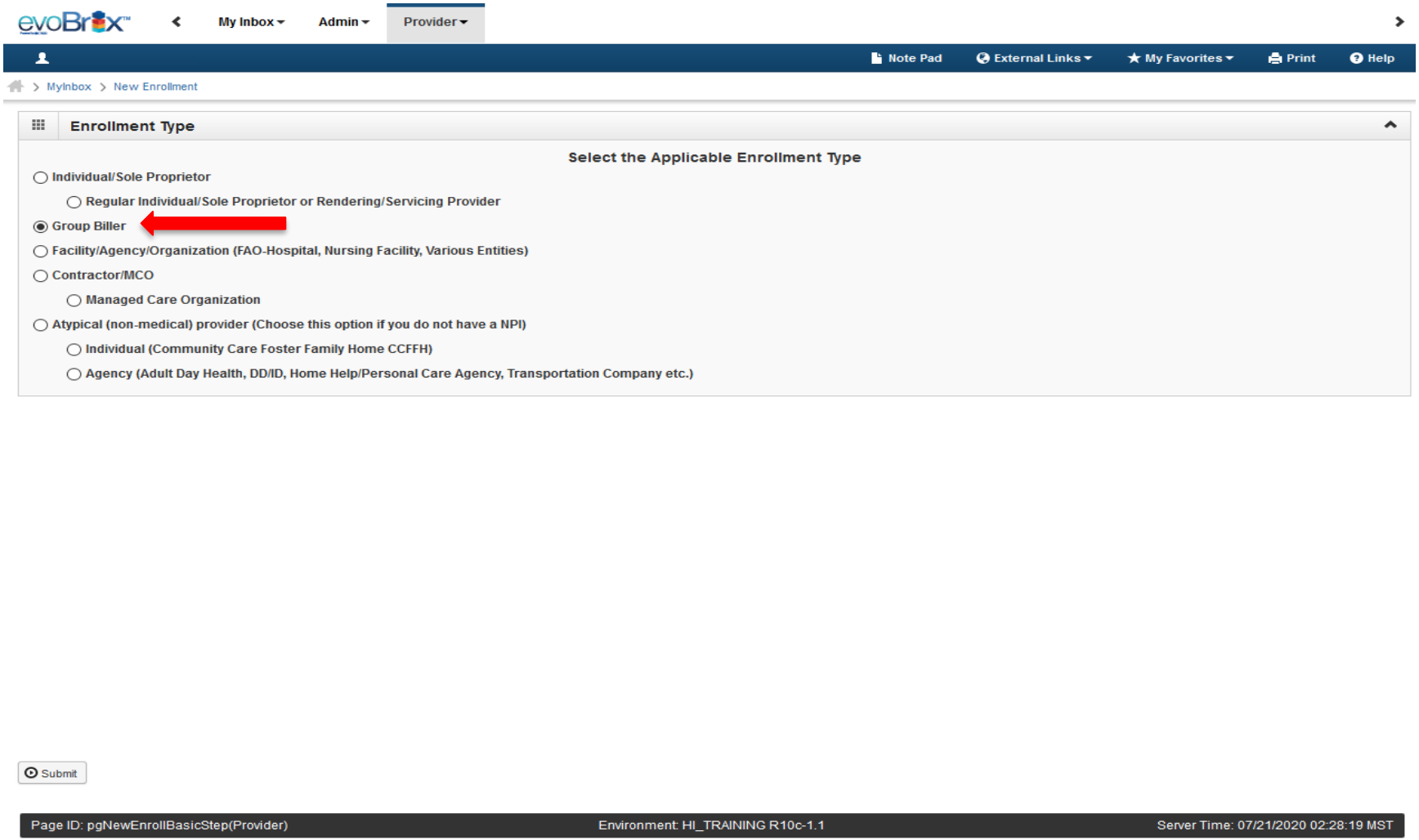
- If the provider being enrolled is a group biller or group billing organization, please select the Group Enrollment Type.
- These providers include:
  - Group Billers
  - Group Billing Organizations

Provider Enrollment Application Selection

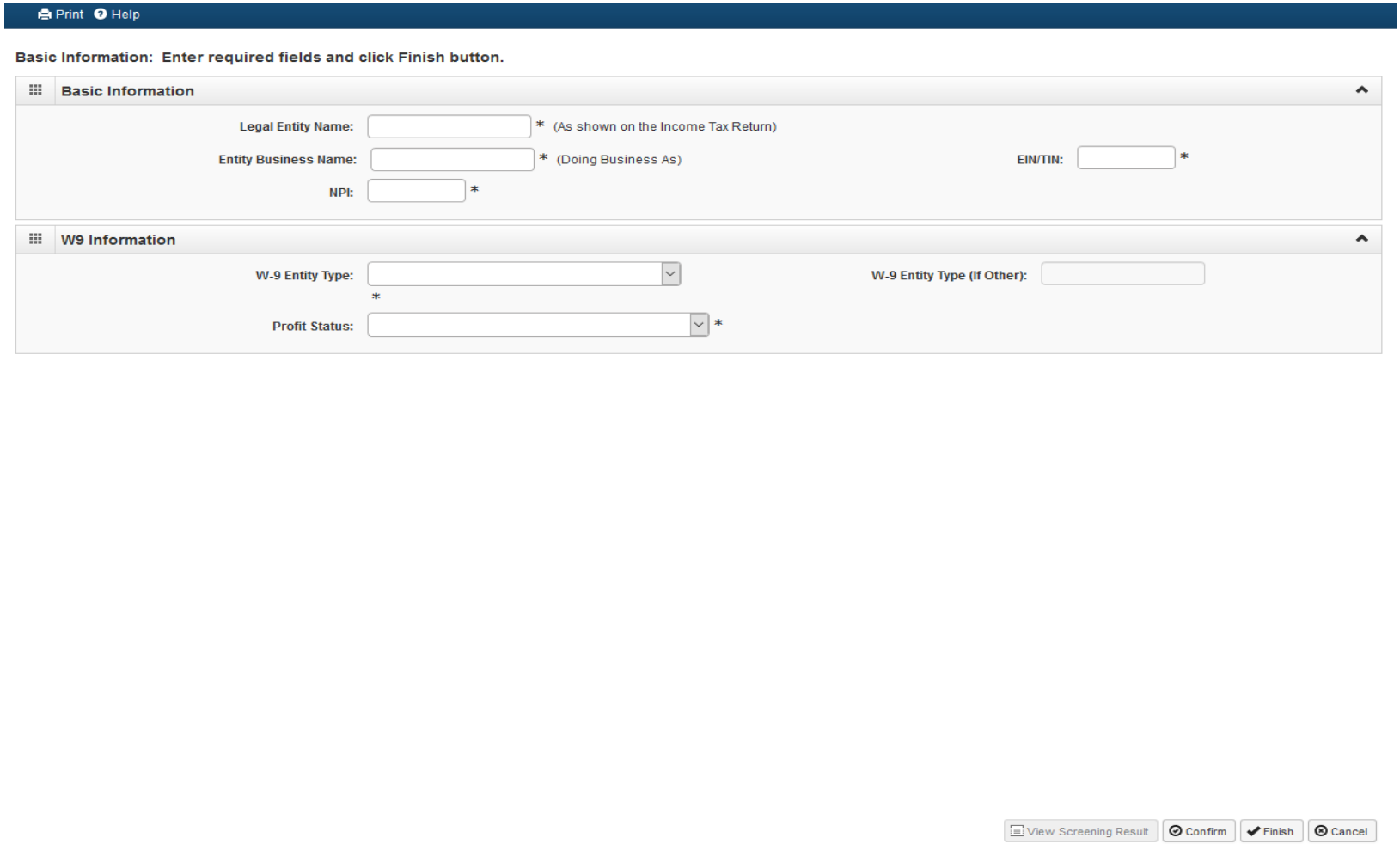


- If you are a **new** Hawaii Medicaid provider, you will select '**New Enrollment**.'
- If you are an **existing** Hawaii Medicaid provider and have a Med-QUEST Provider ID number, you should have received a letter with your application ID number, you will select '**Track Application**' and input your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

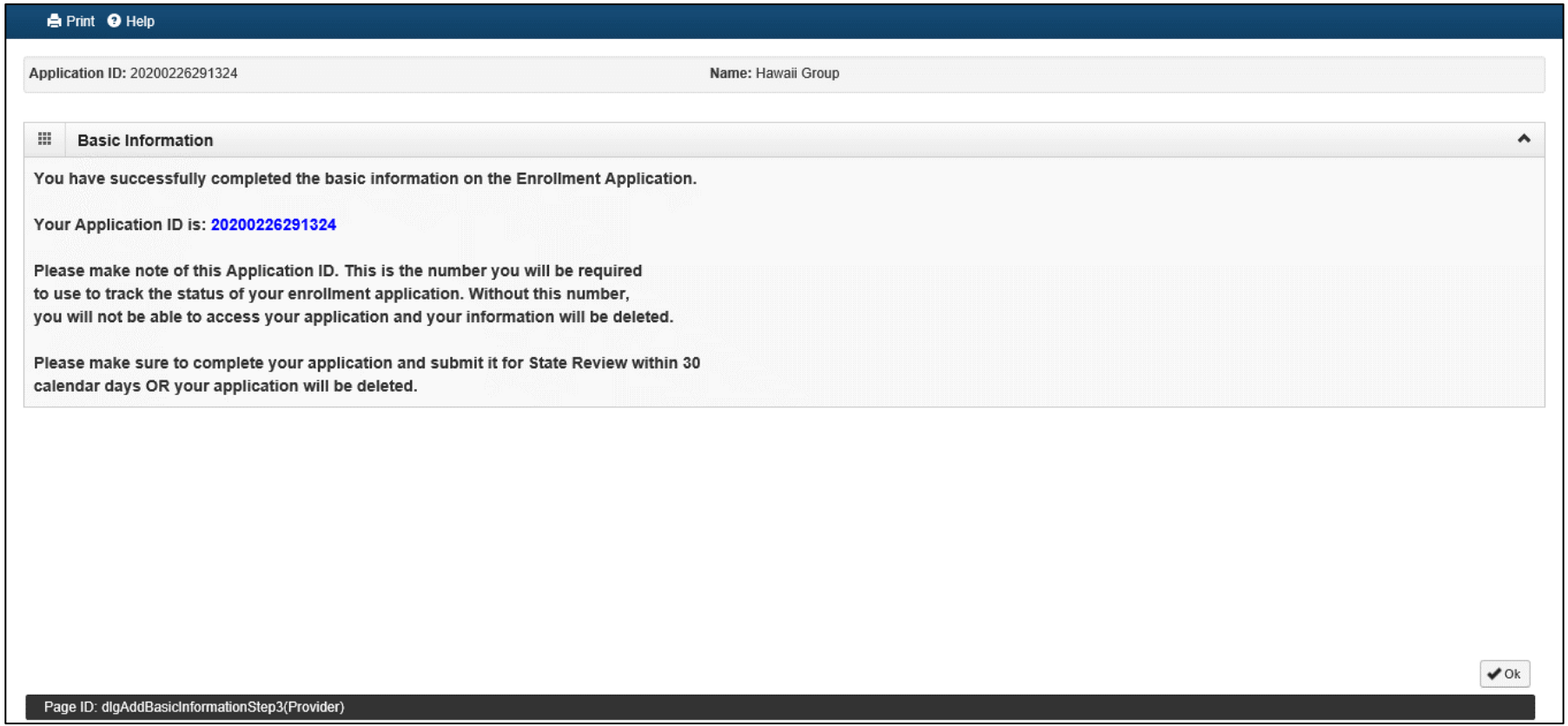
Select the Group Enrollment Button



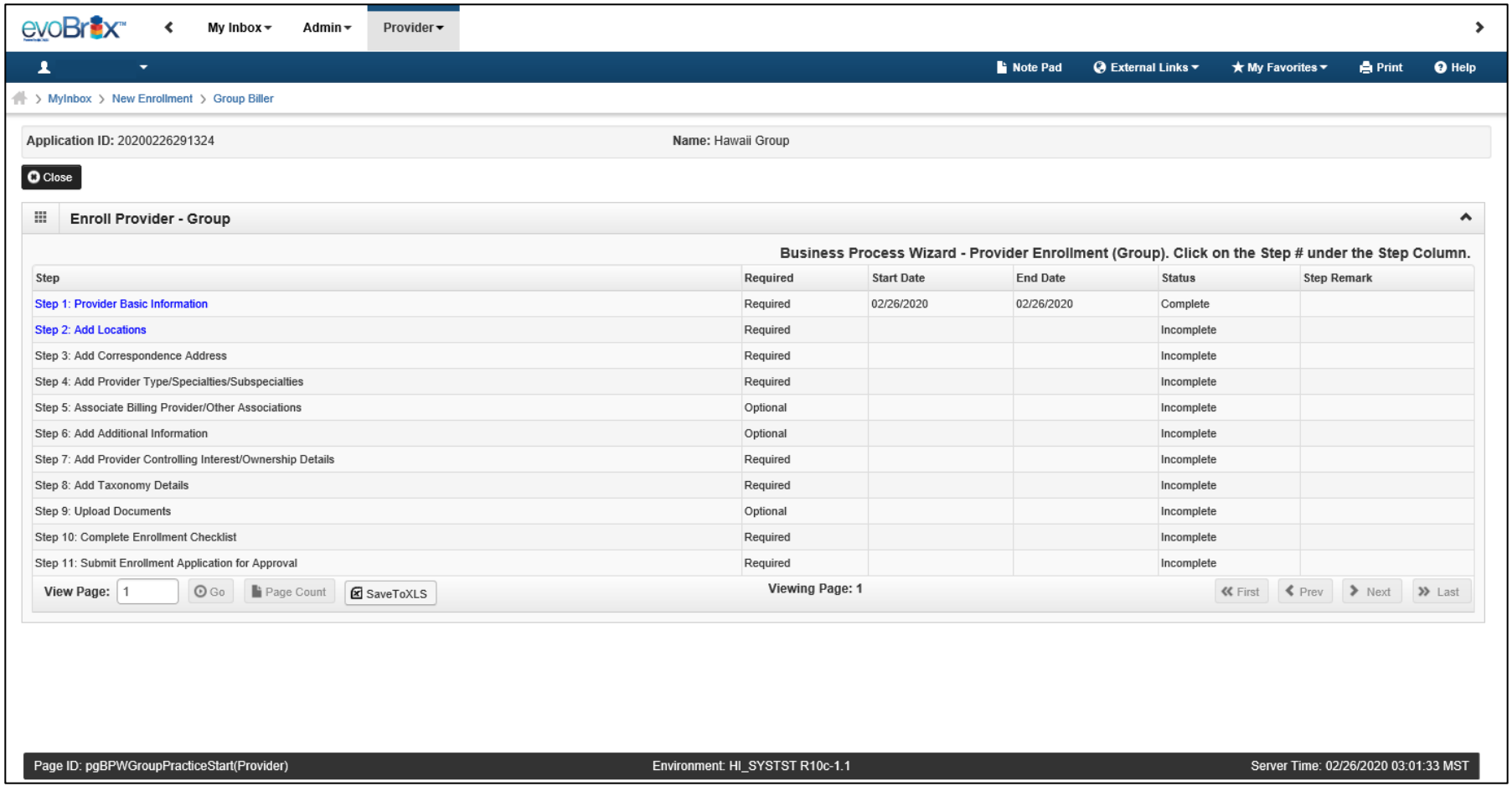
Step 1: Provide Basic Information



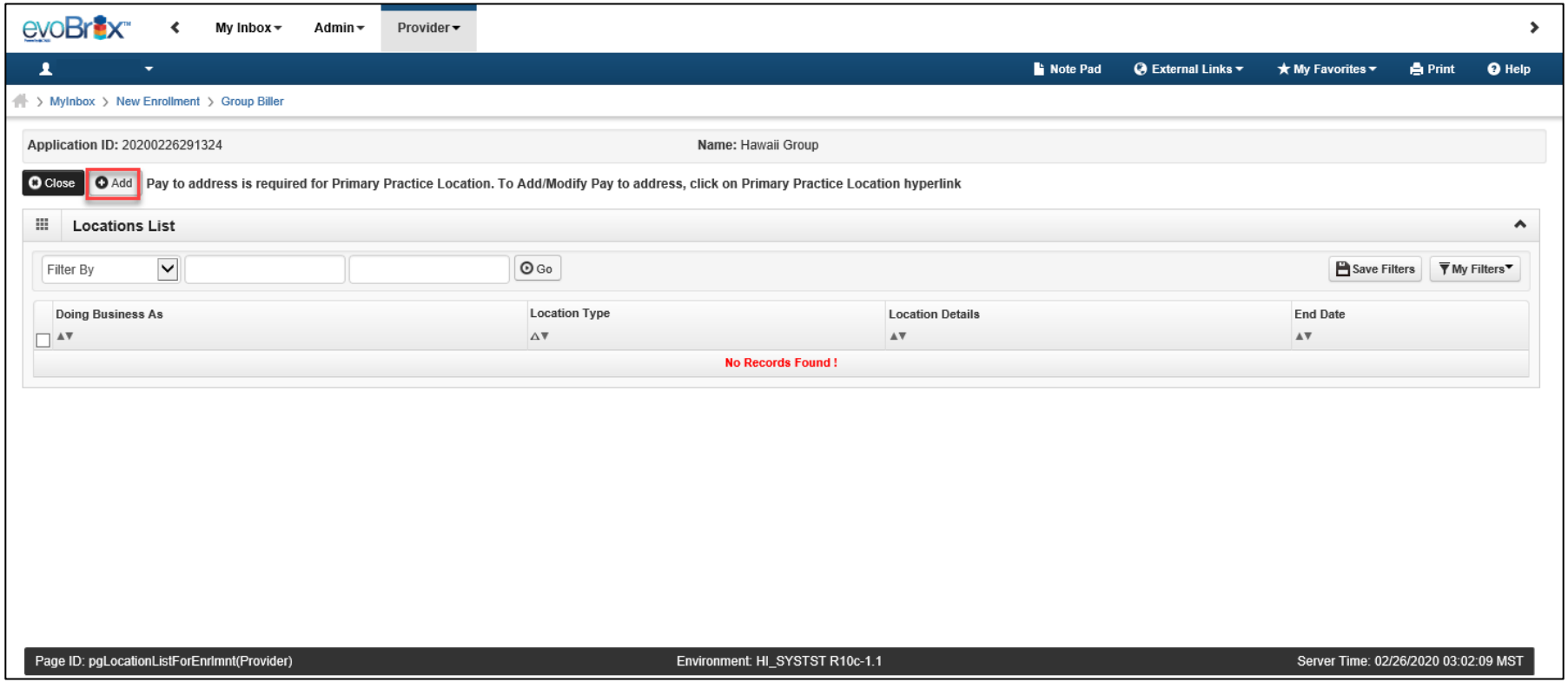
Application ID



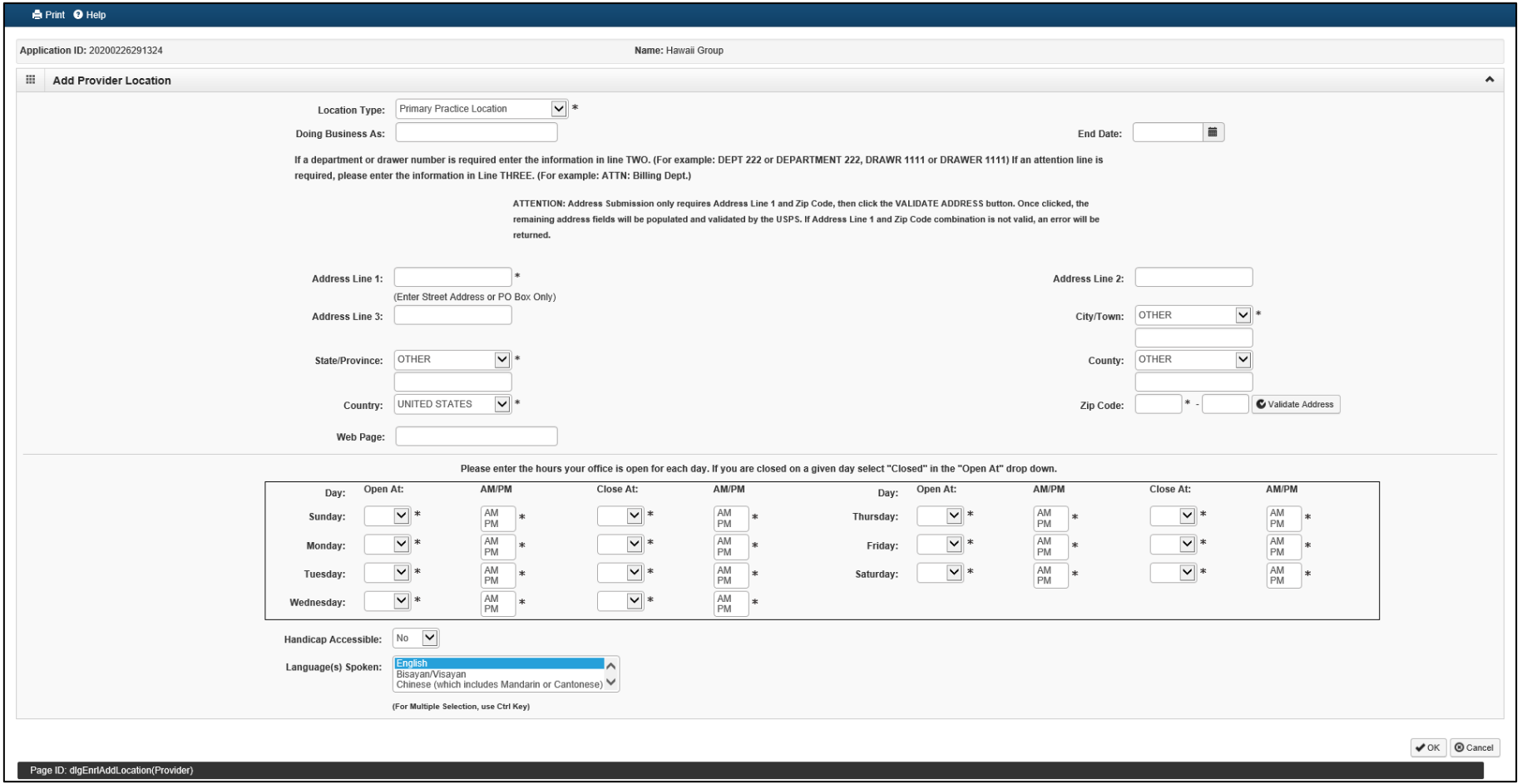
Enrollment Steps



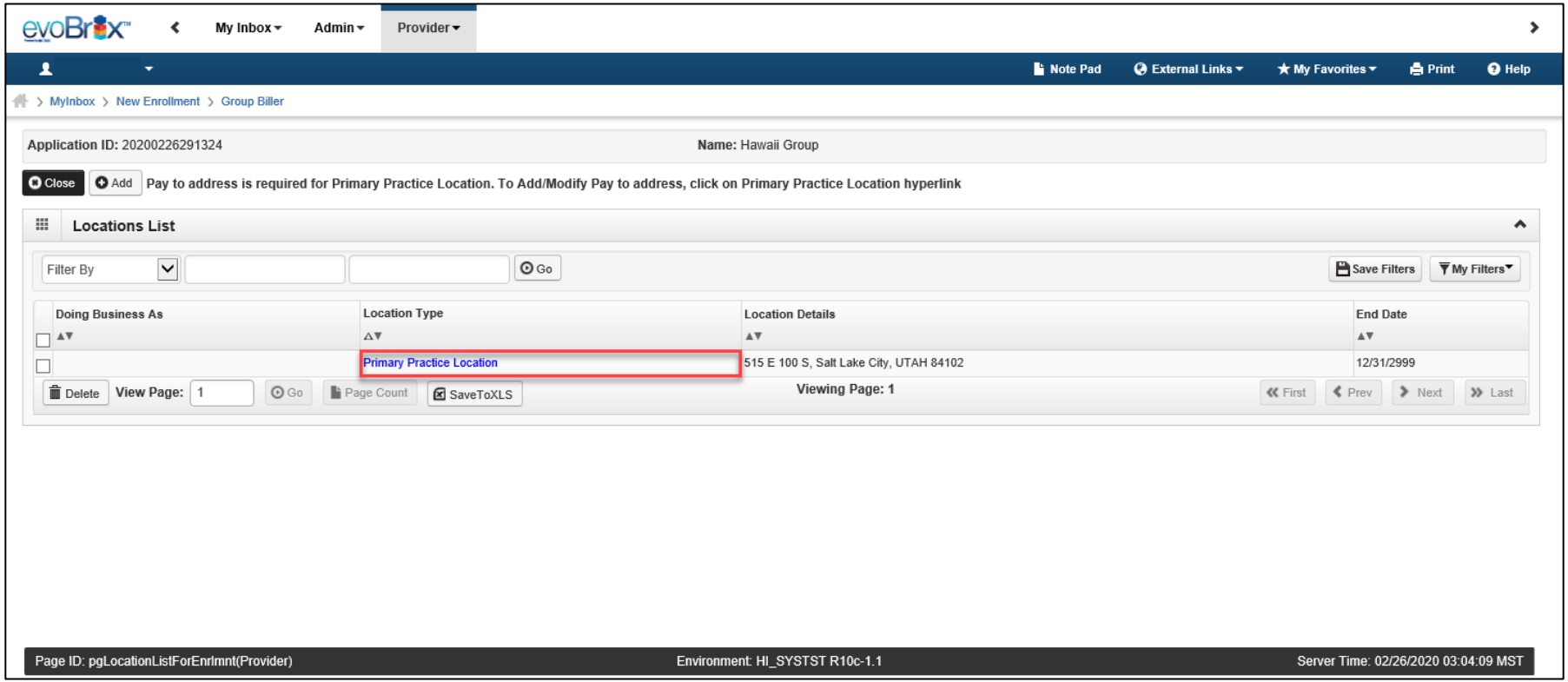
Step 2: Add Locations



Add Primary Practice Address



Add Pay To Address



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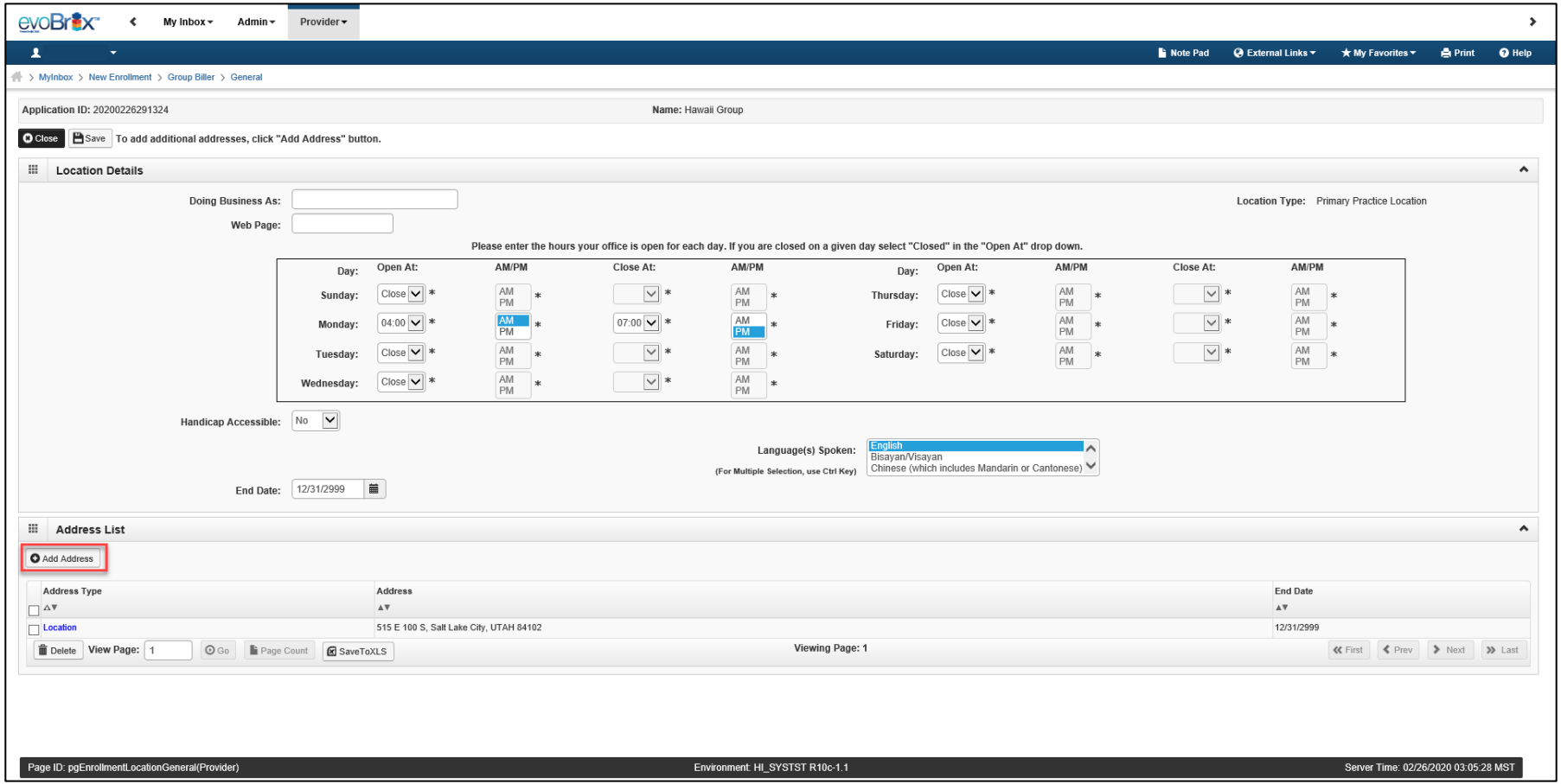
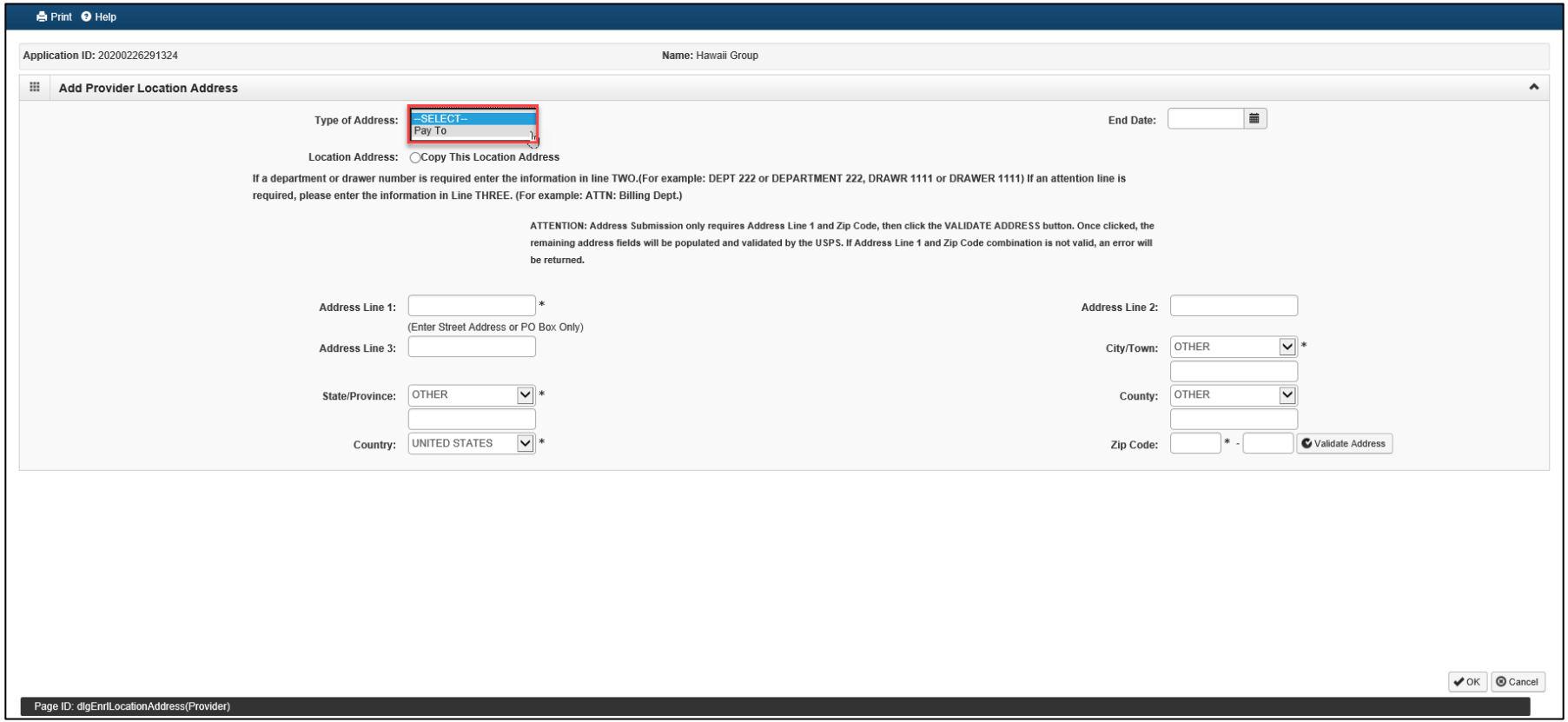
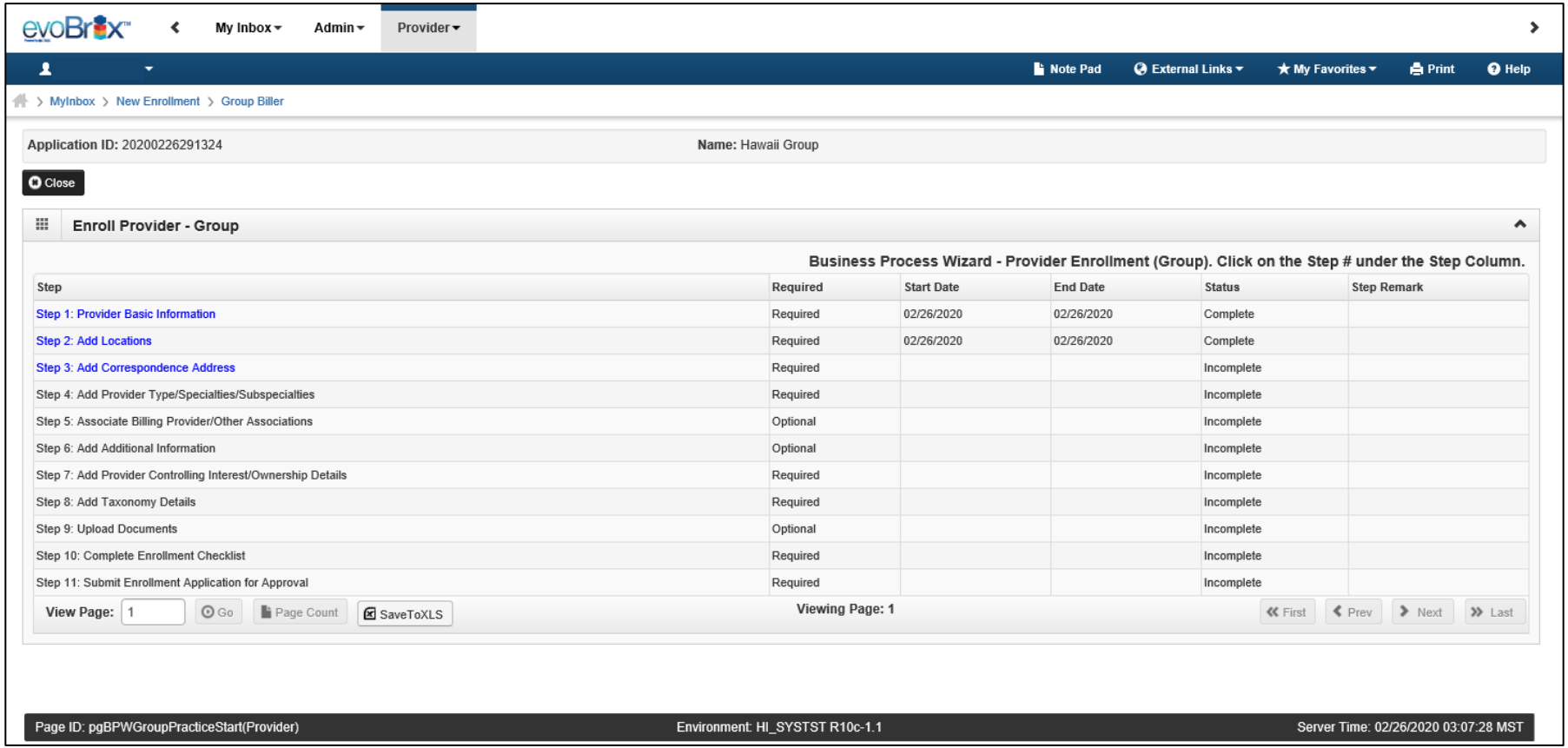


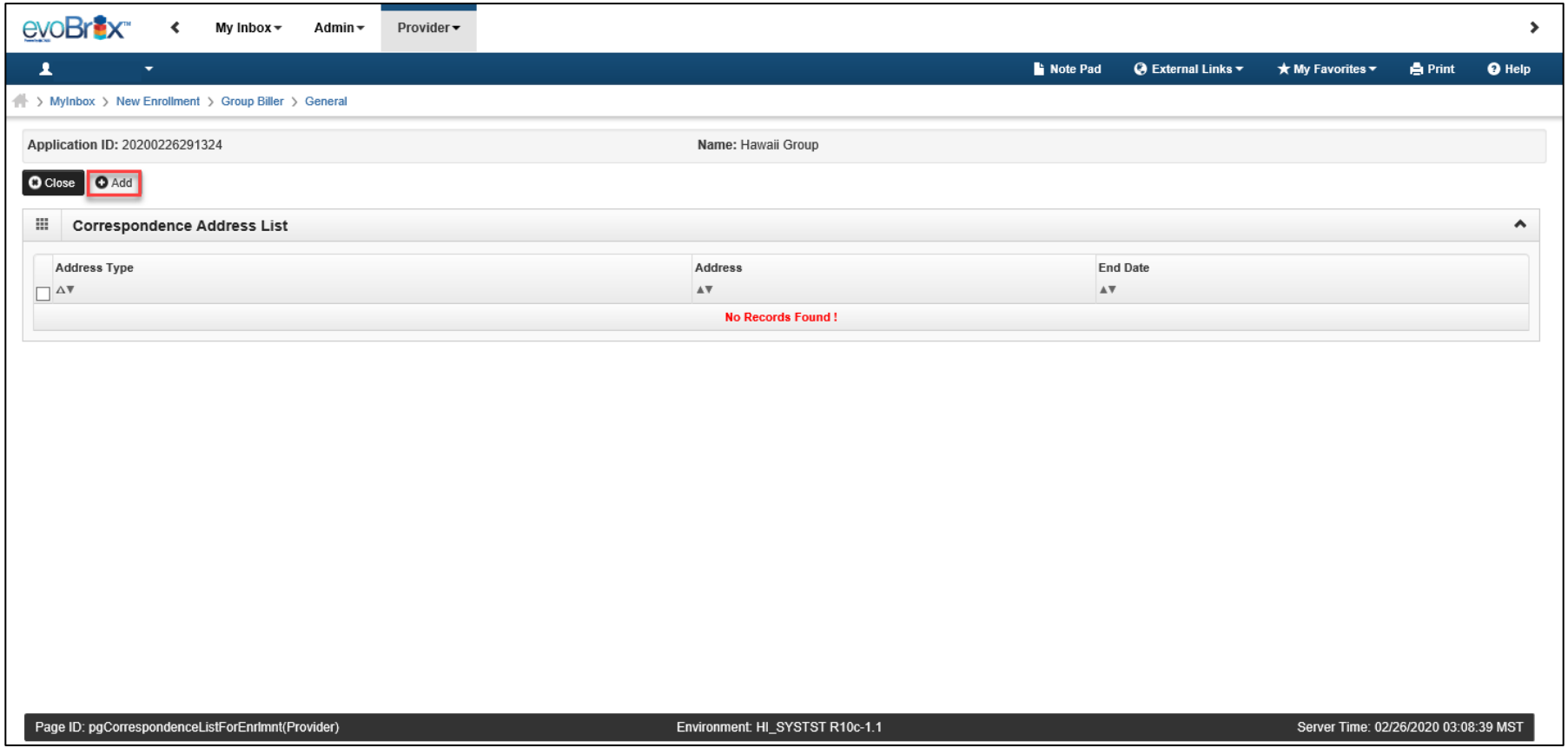
Add Pay To Address



Step 3: Add Correspondence Address



Add Correspondence Address



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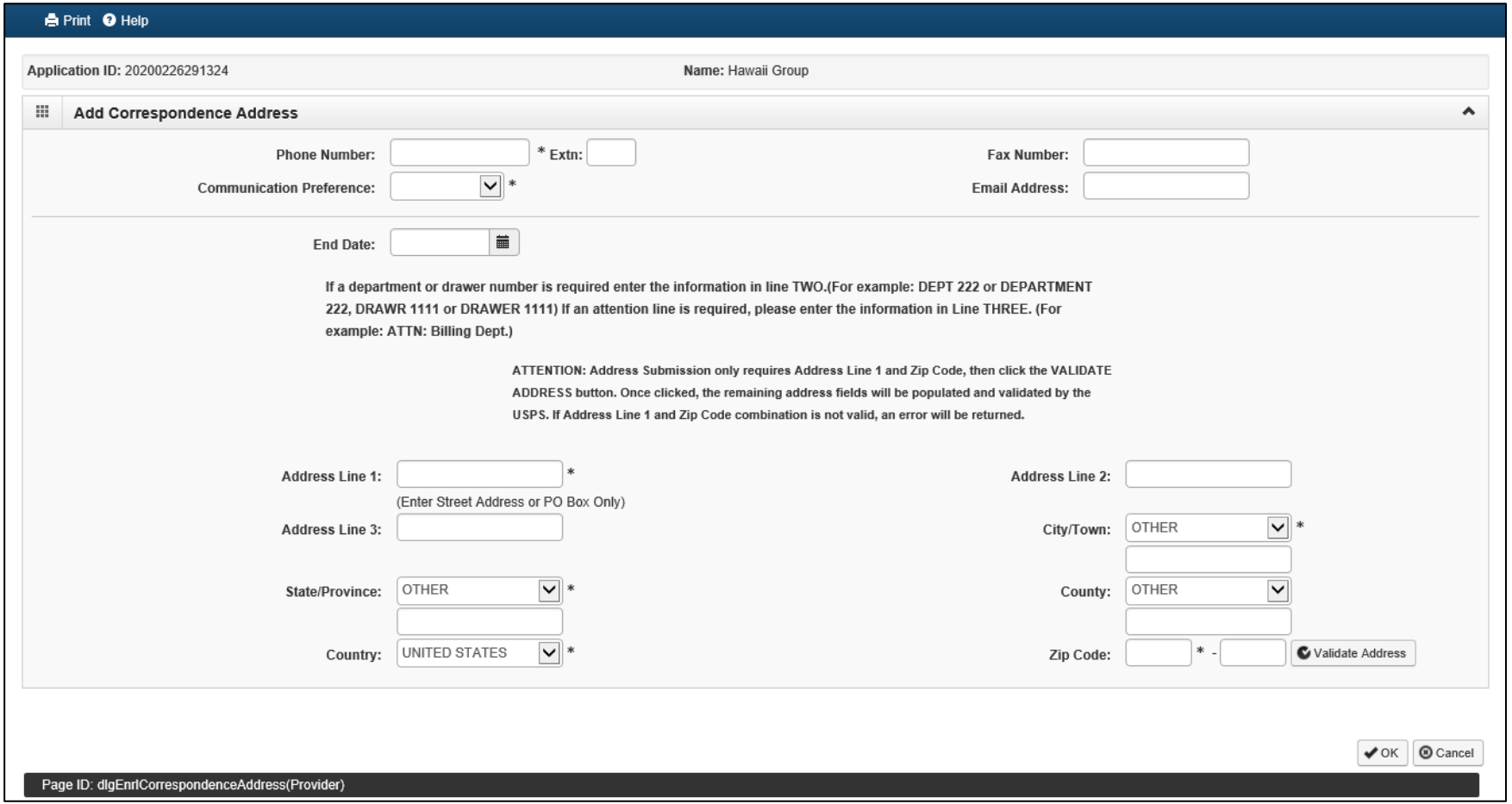
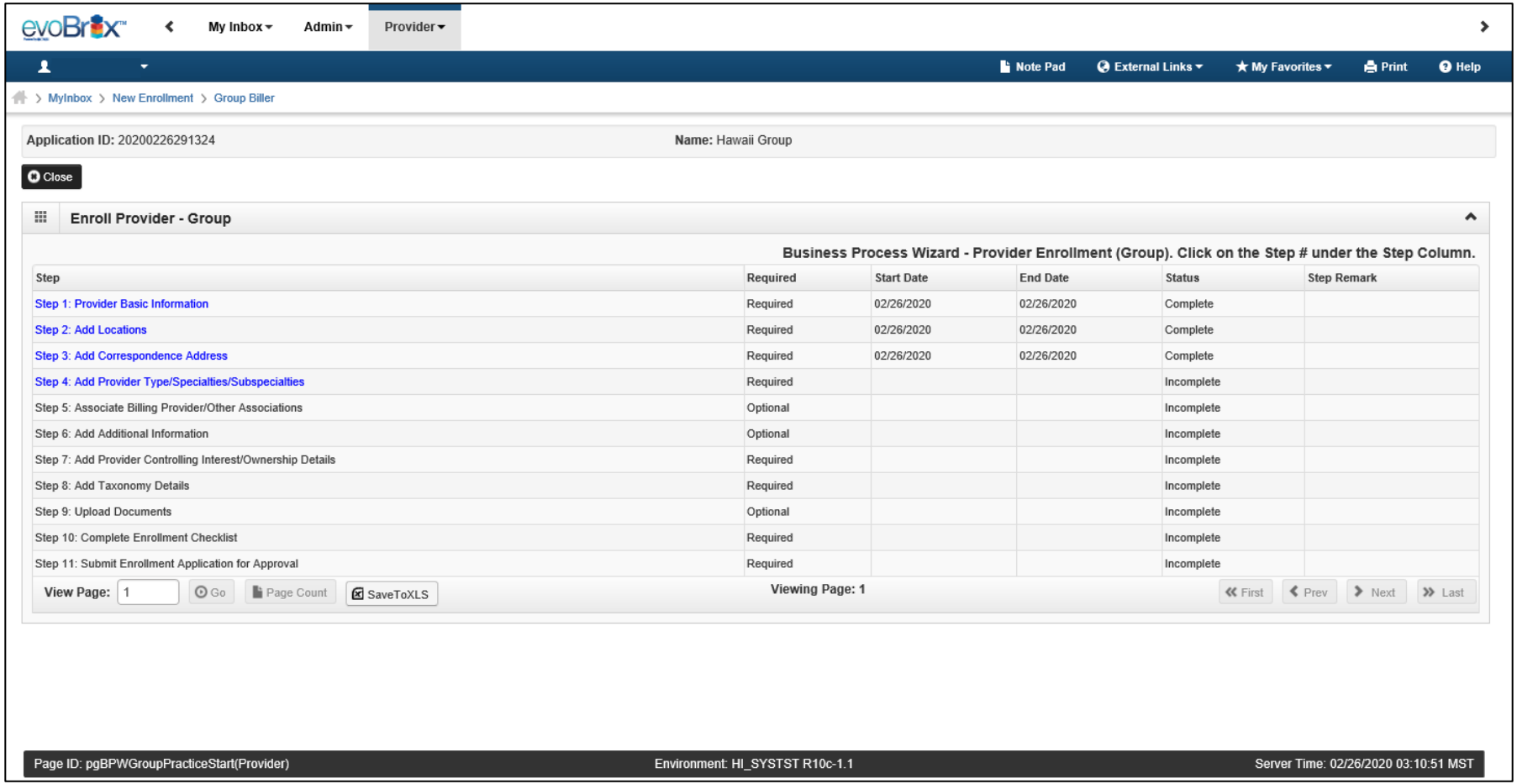
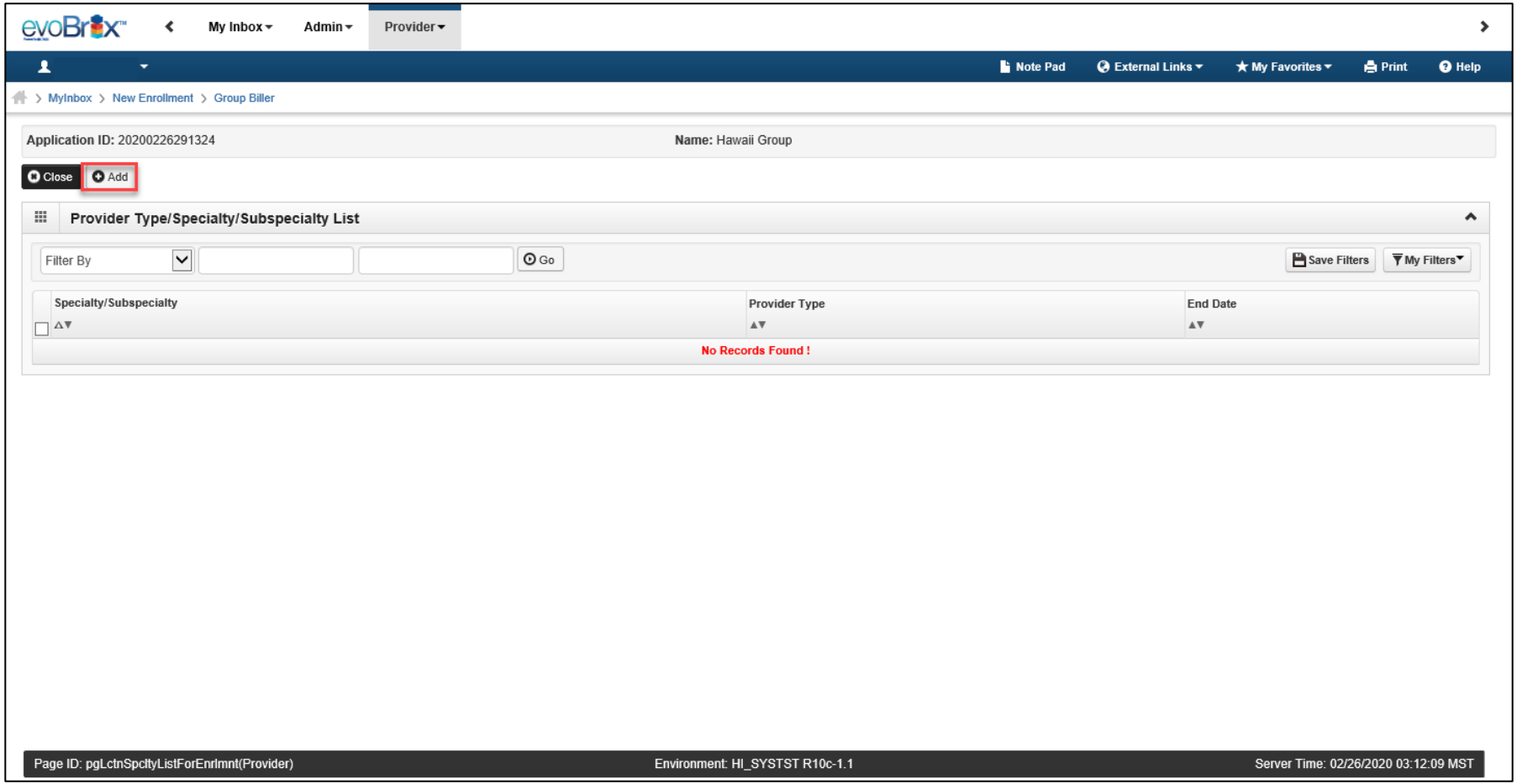


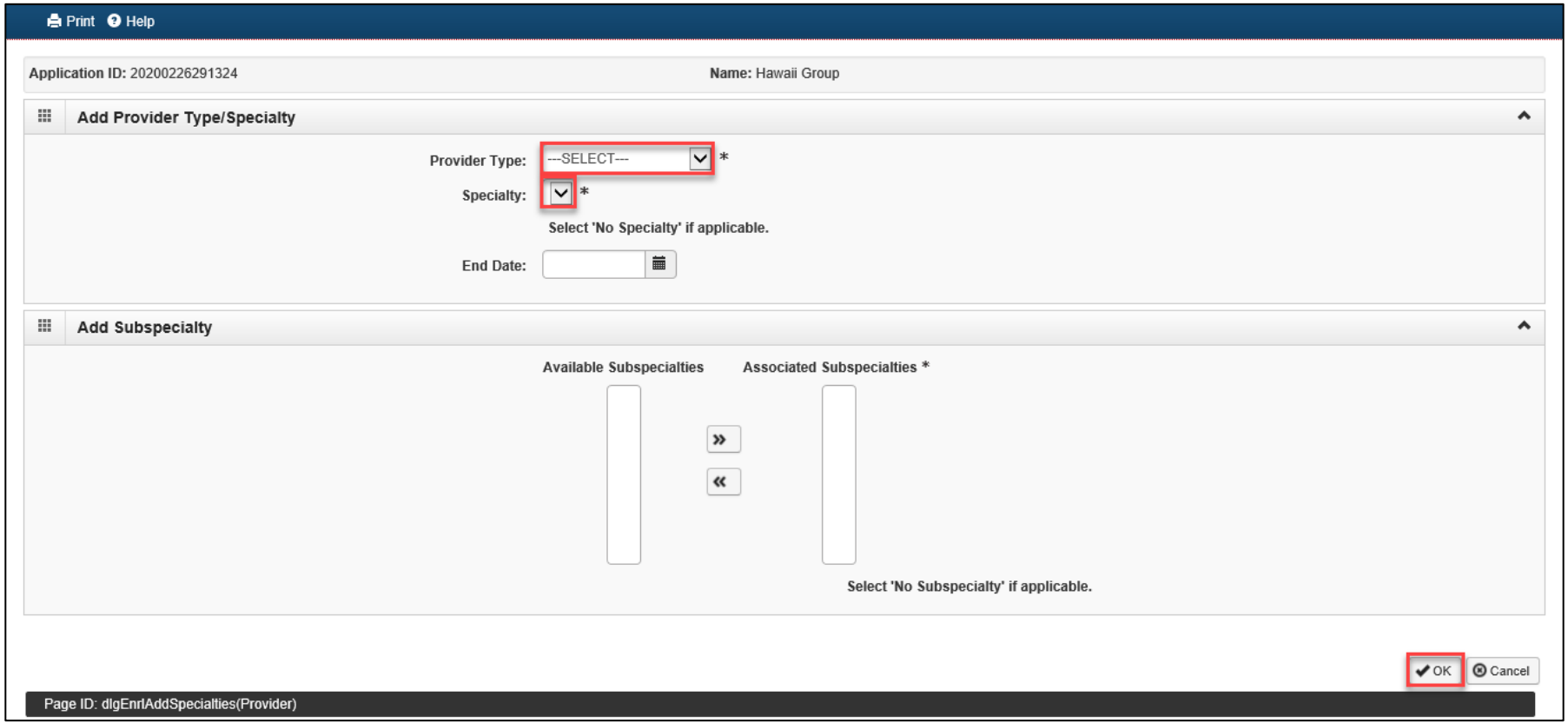
Step 4: Add Provider Type/Specialties/Subspecialties



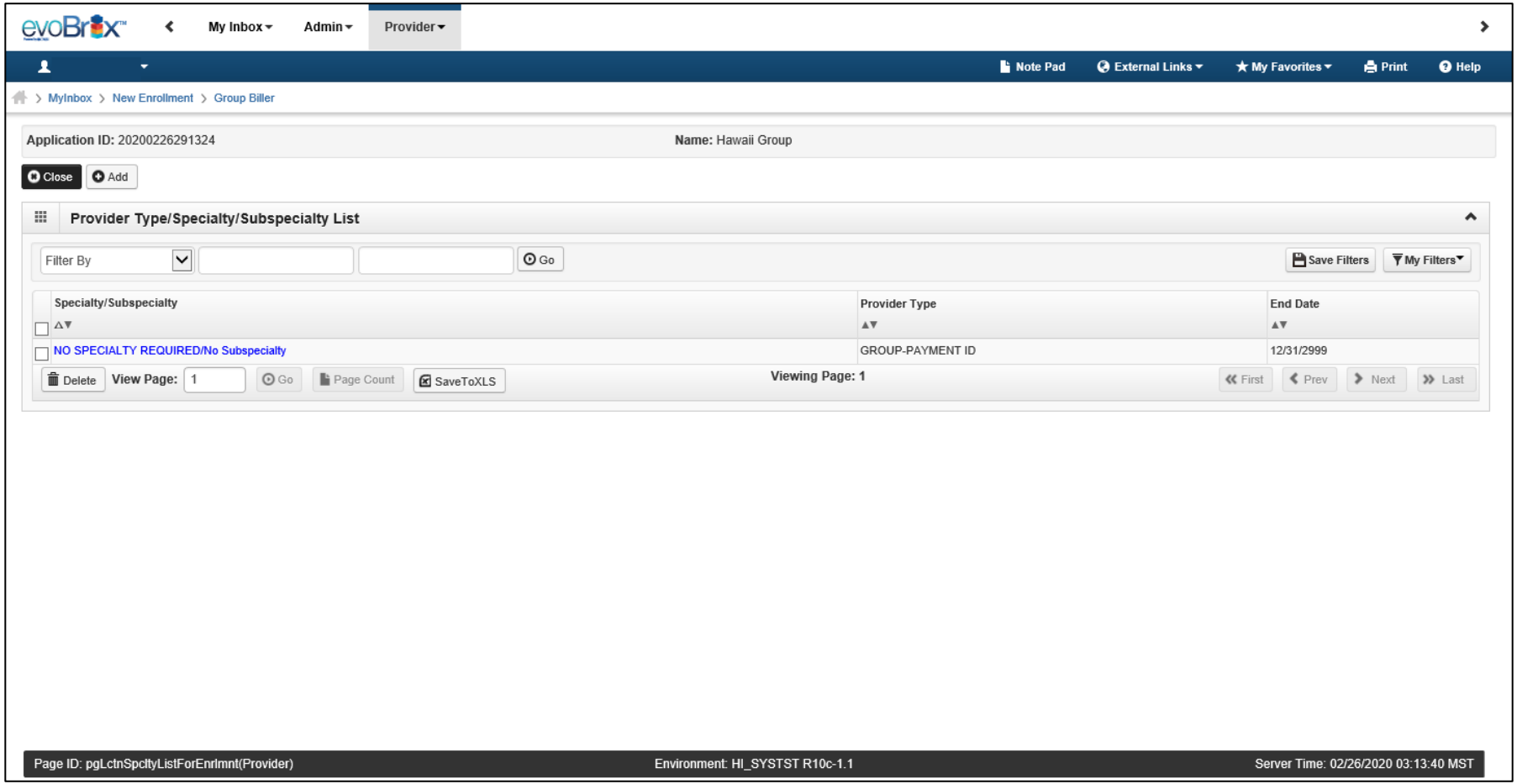
Add Provider Type/Specialties/Subspecialties



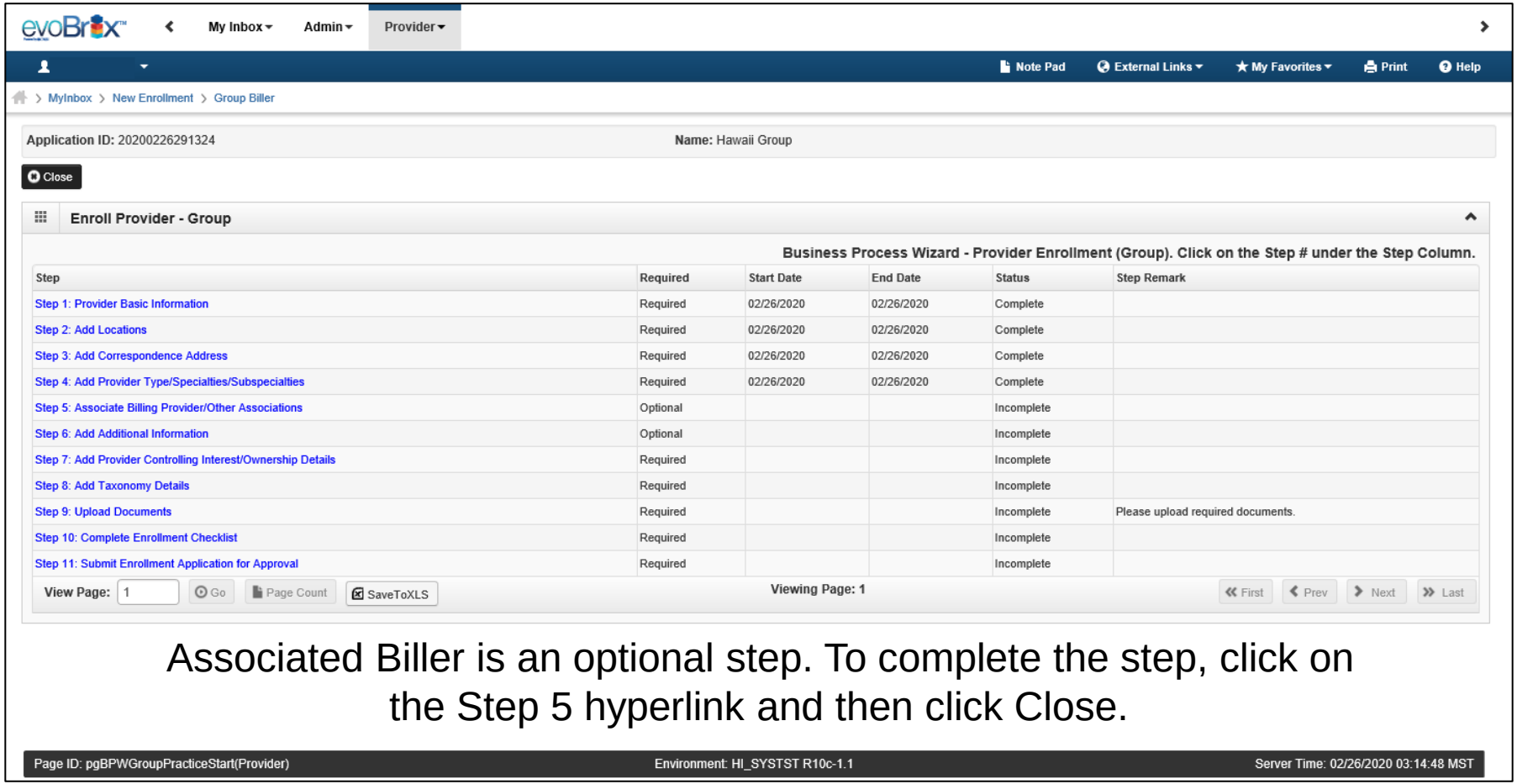
Provider Type/Specialties/Subspecialties



Add Provider Type/Specialties/Subspecialties

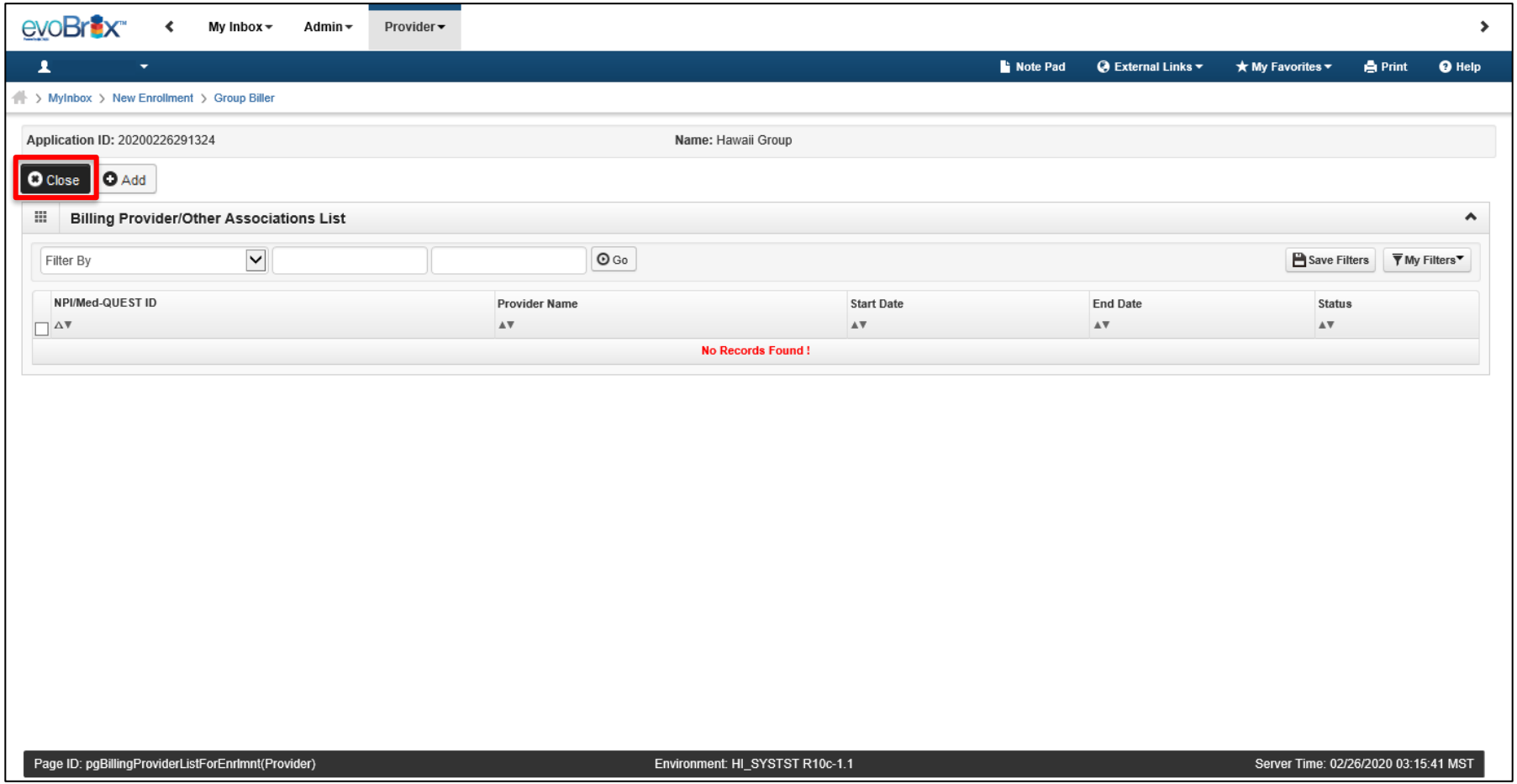


Step 5: Associate Billing Provider

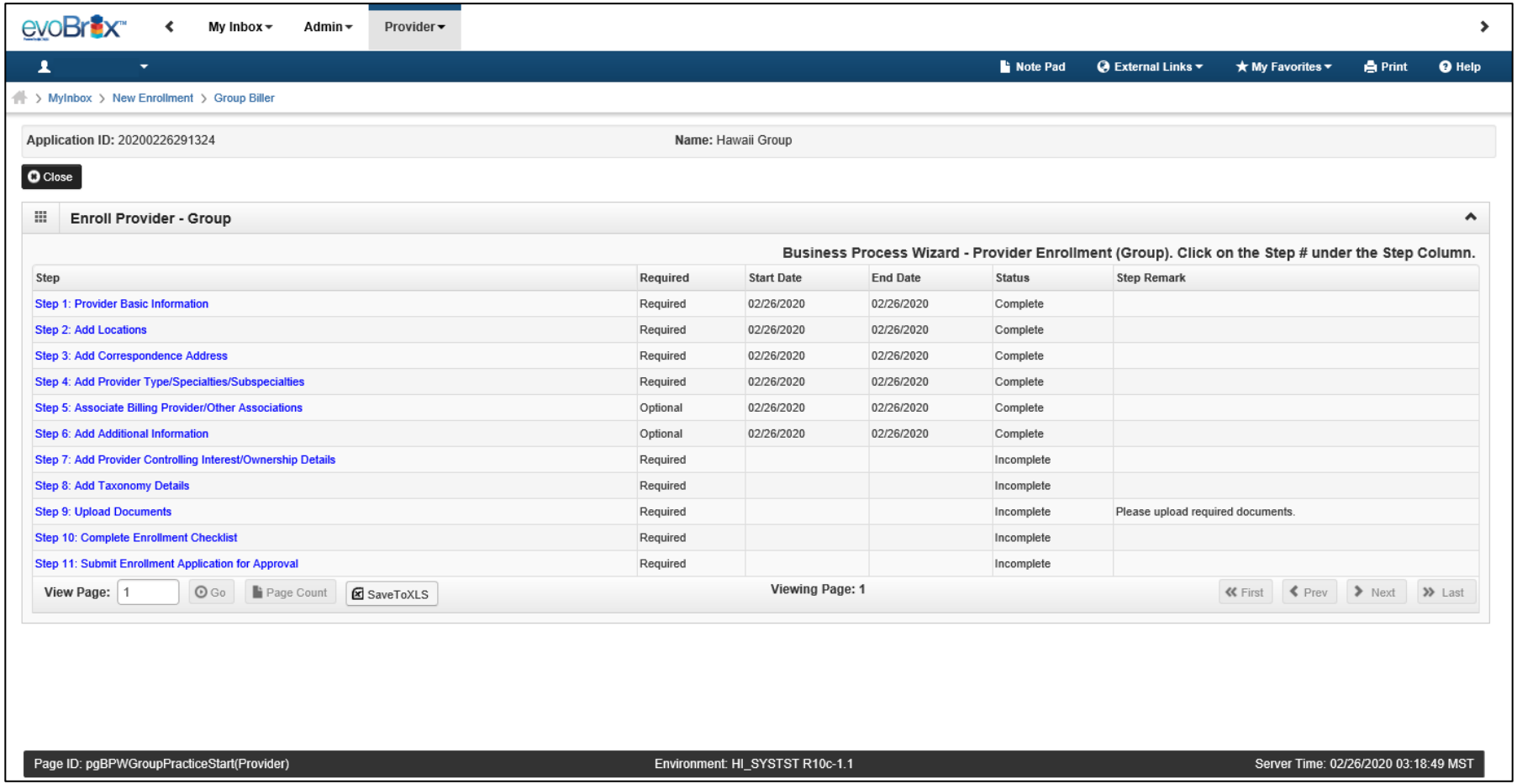


Associated Biller is an optional step. To complete the step, click on the Step 5 hyperlink and then click Close.

Associate Billing Provider



Step 6: Add Additional Information



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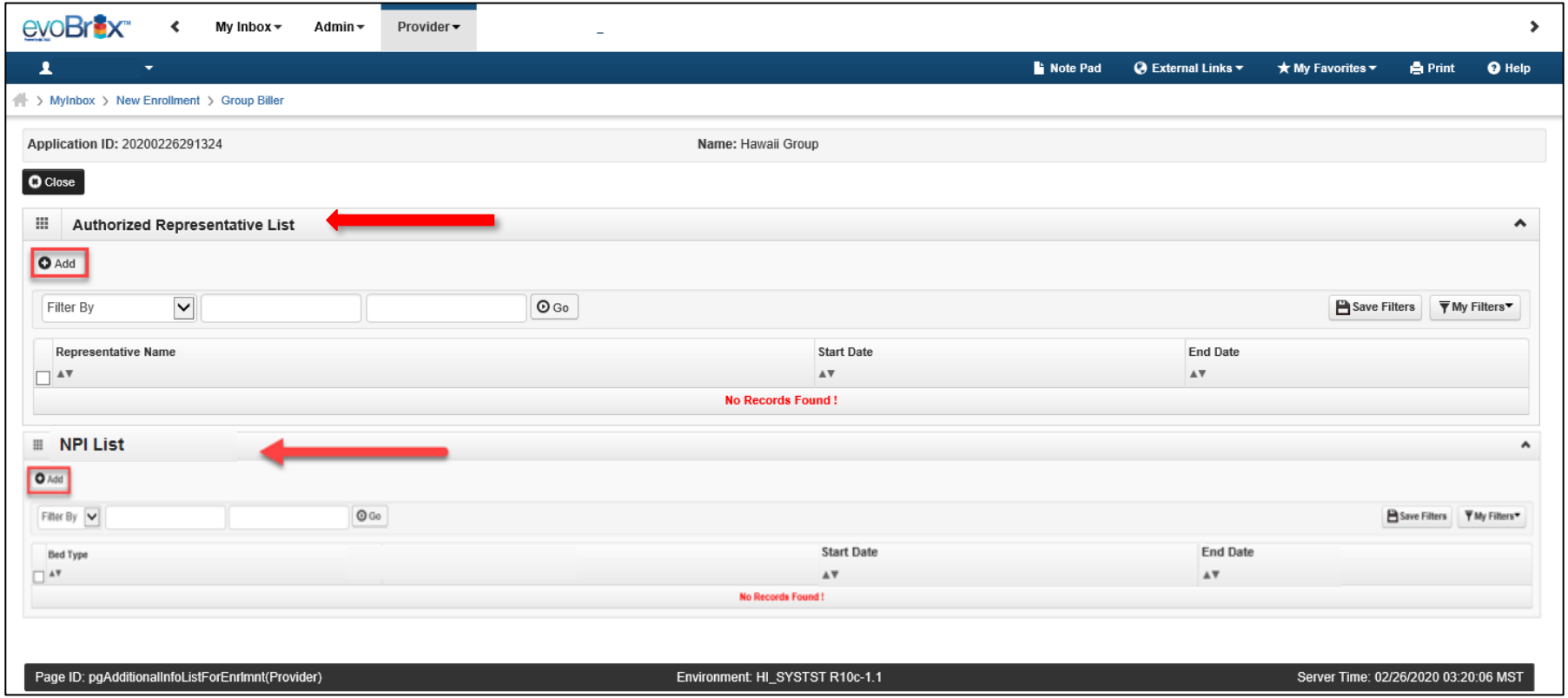

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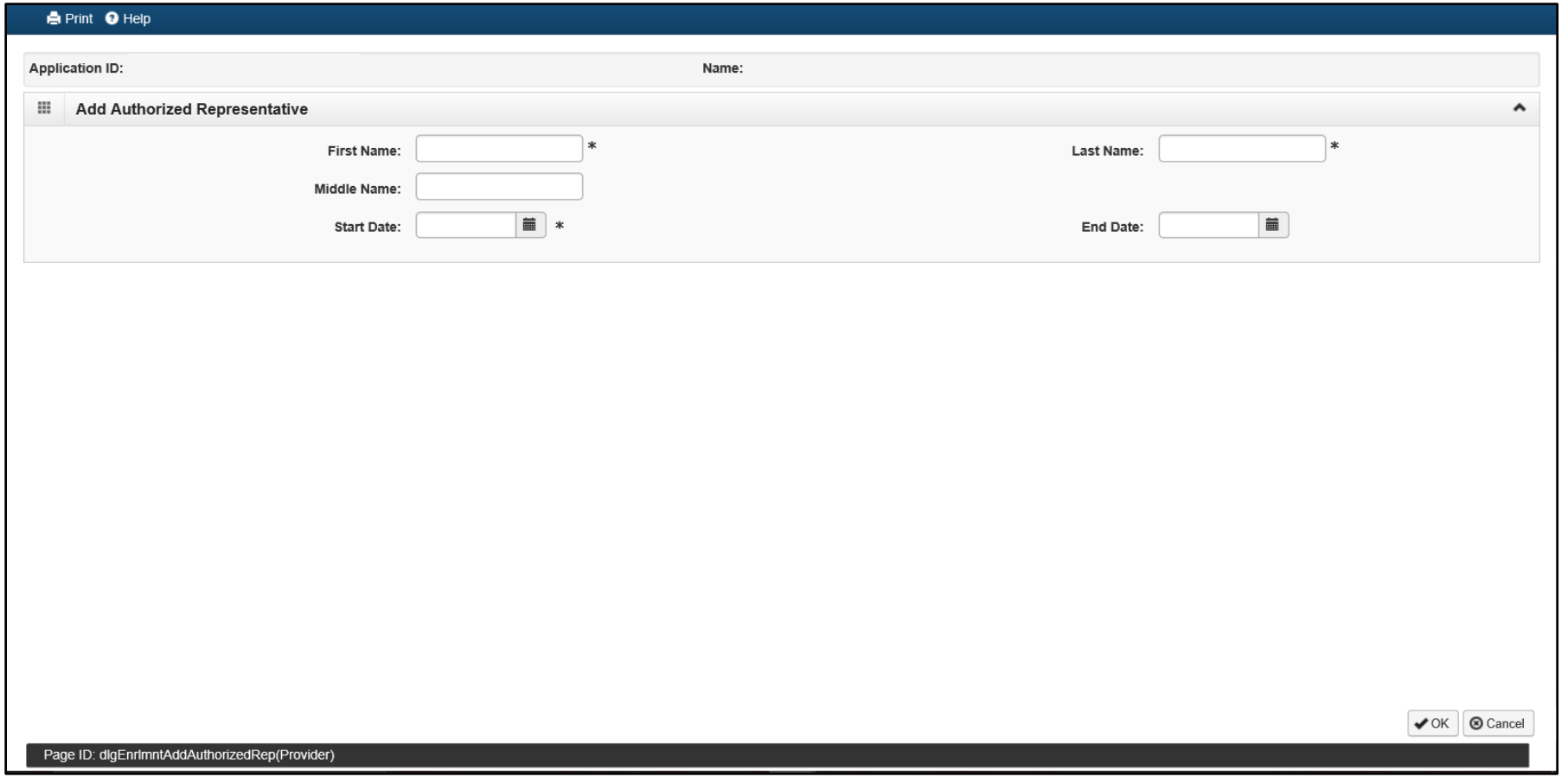
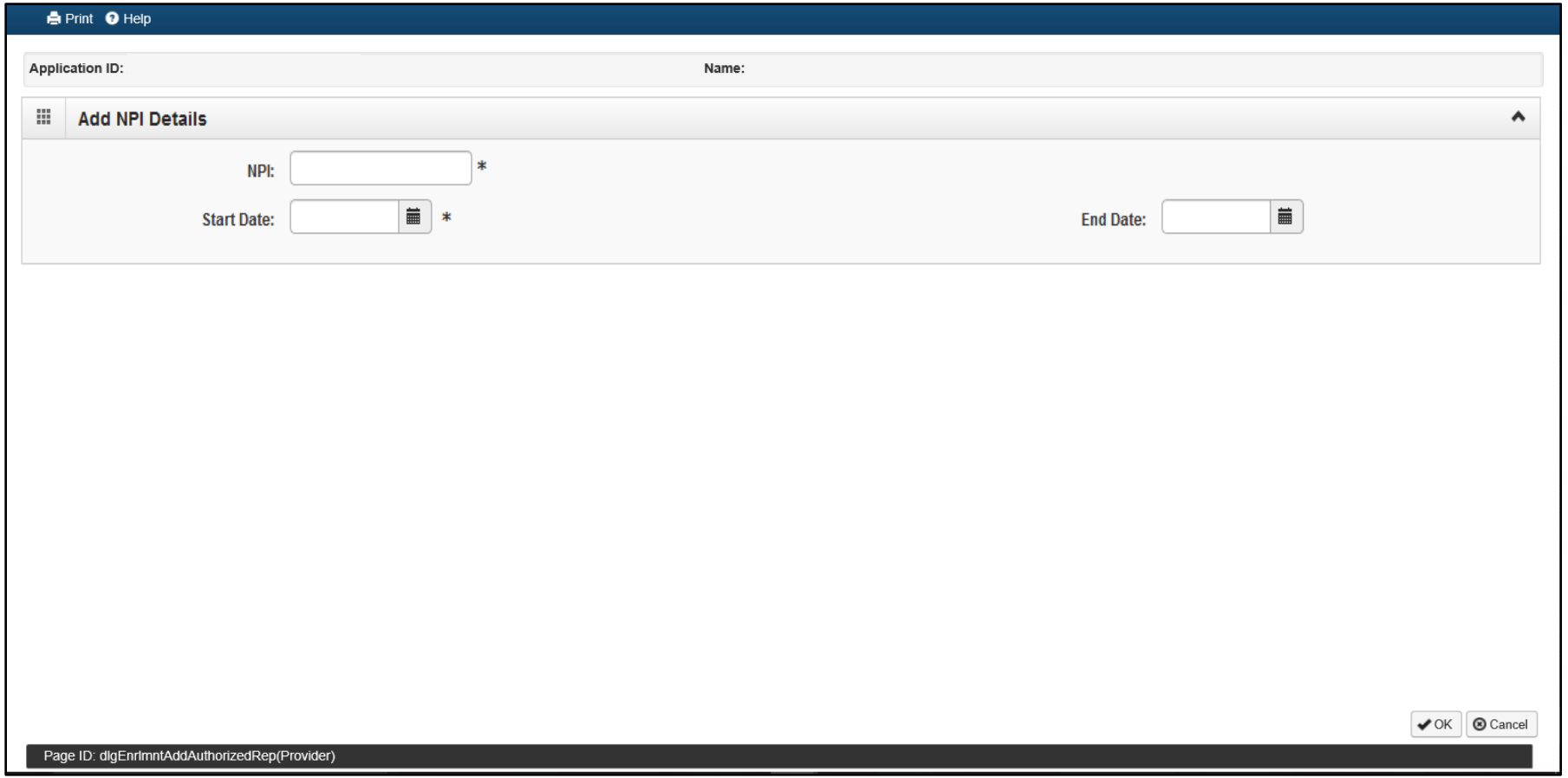
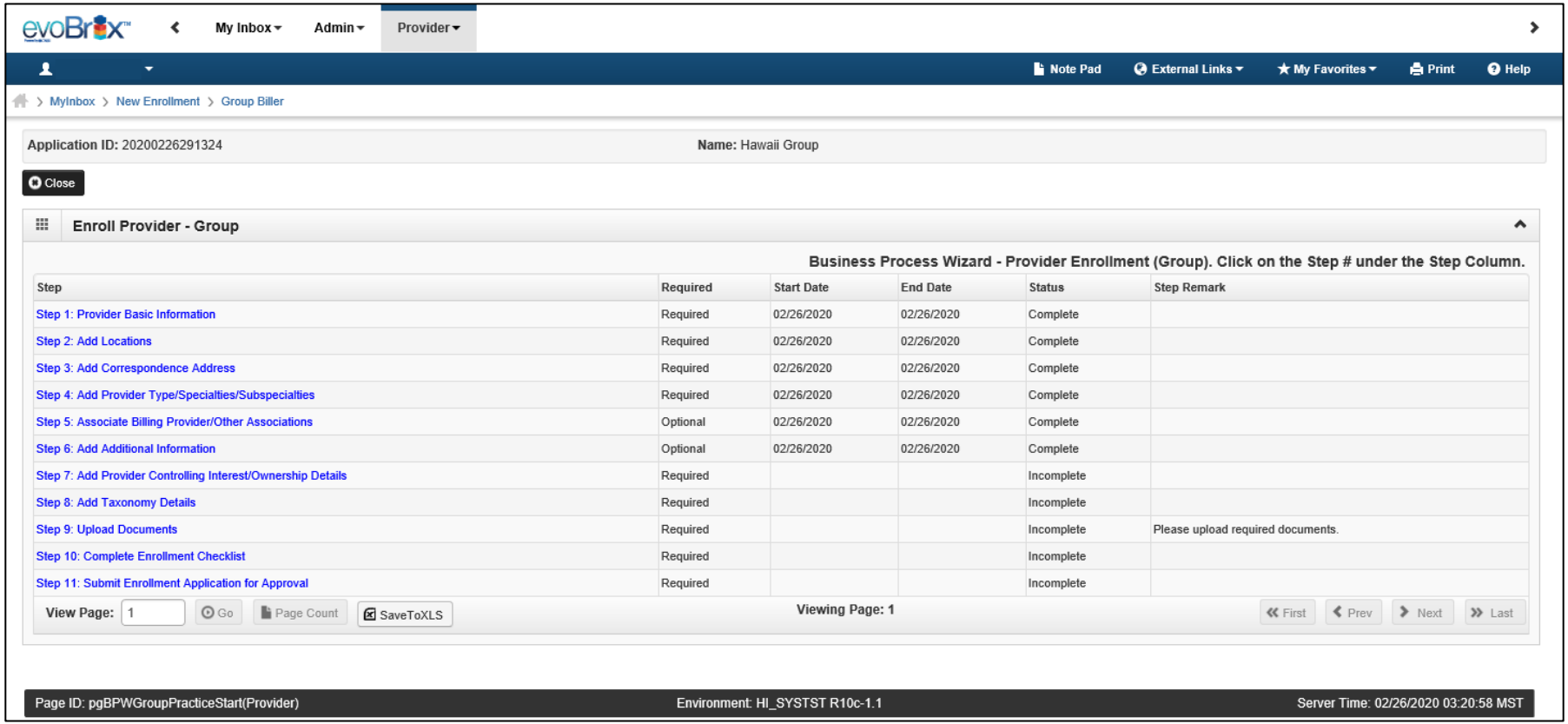


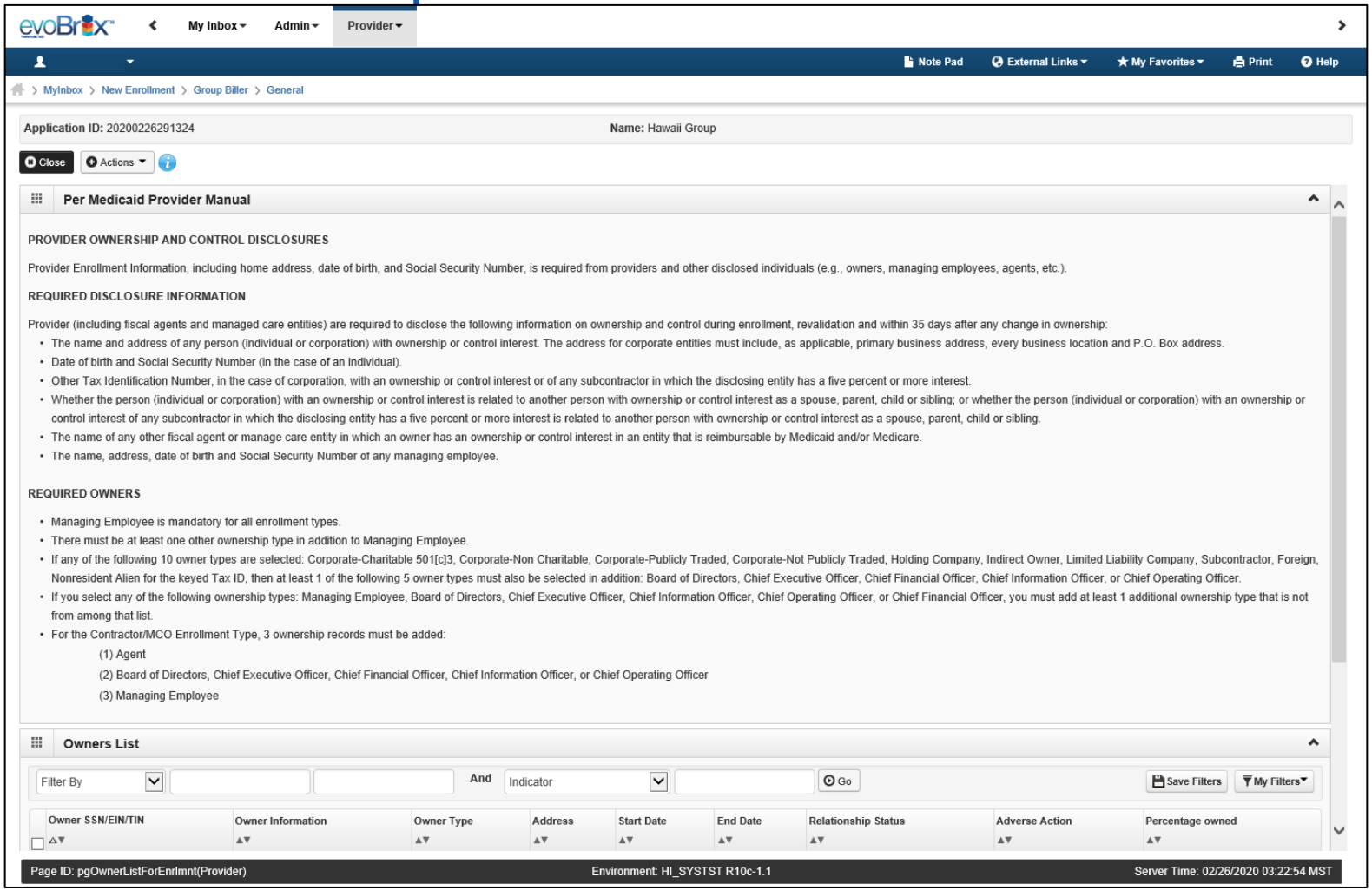
Add Additional NPIs



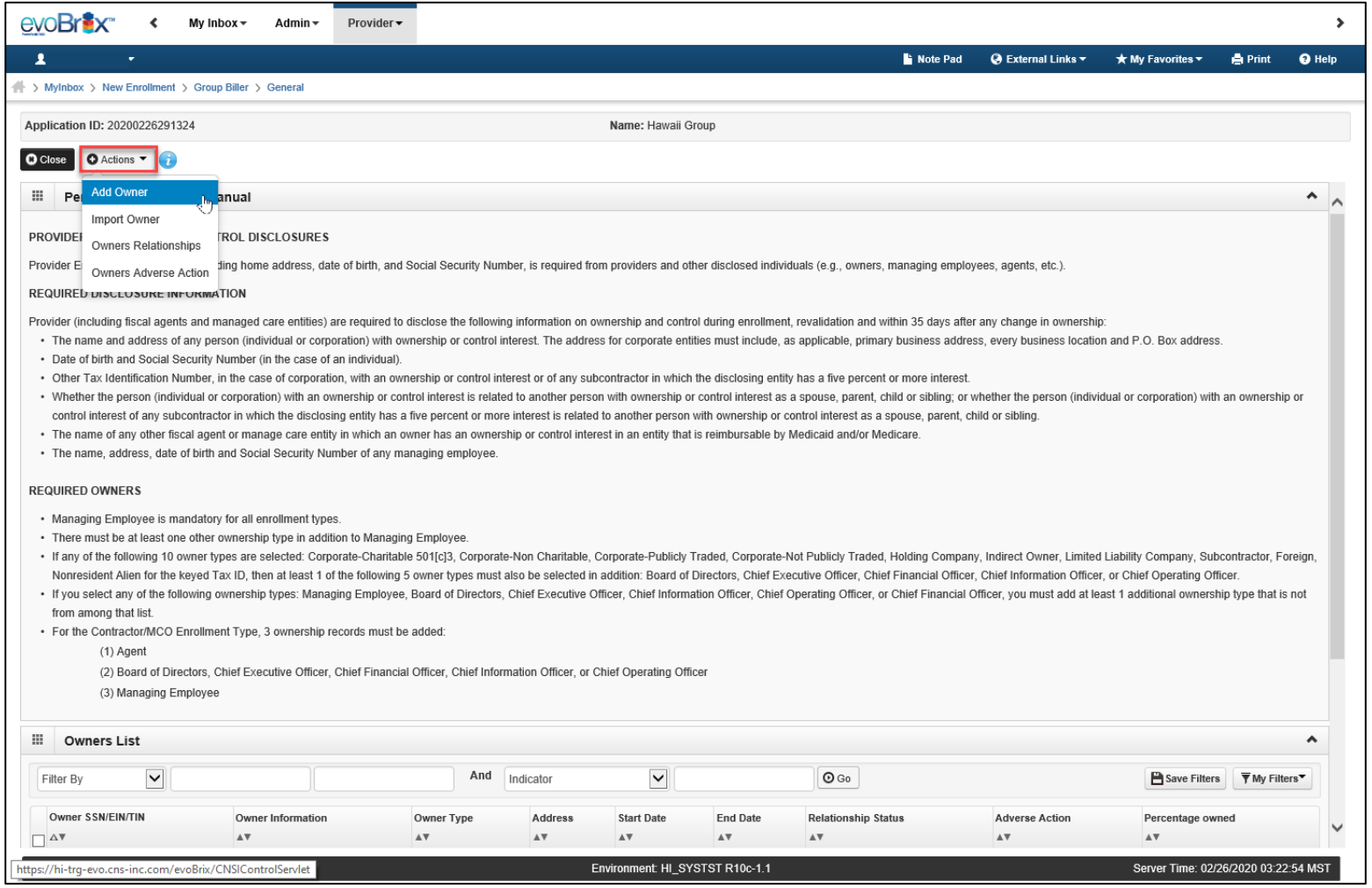
Step 7: Controlling Interest/Ownership Details



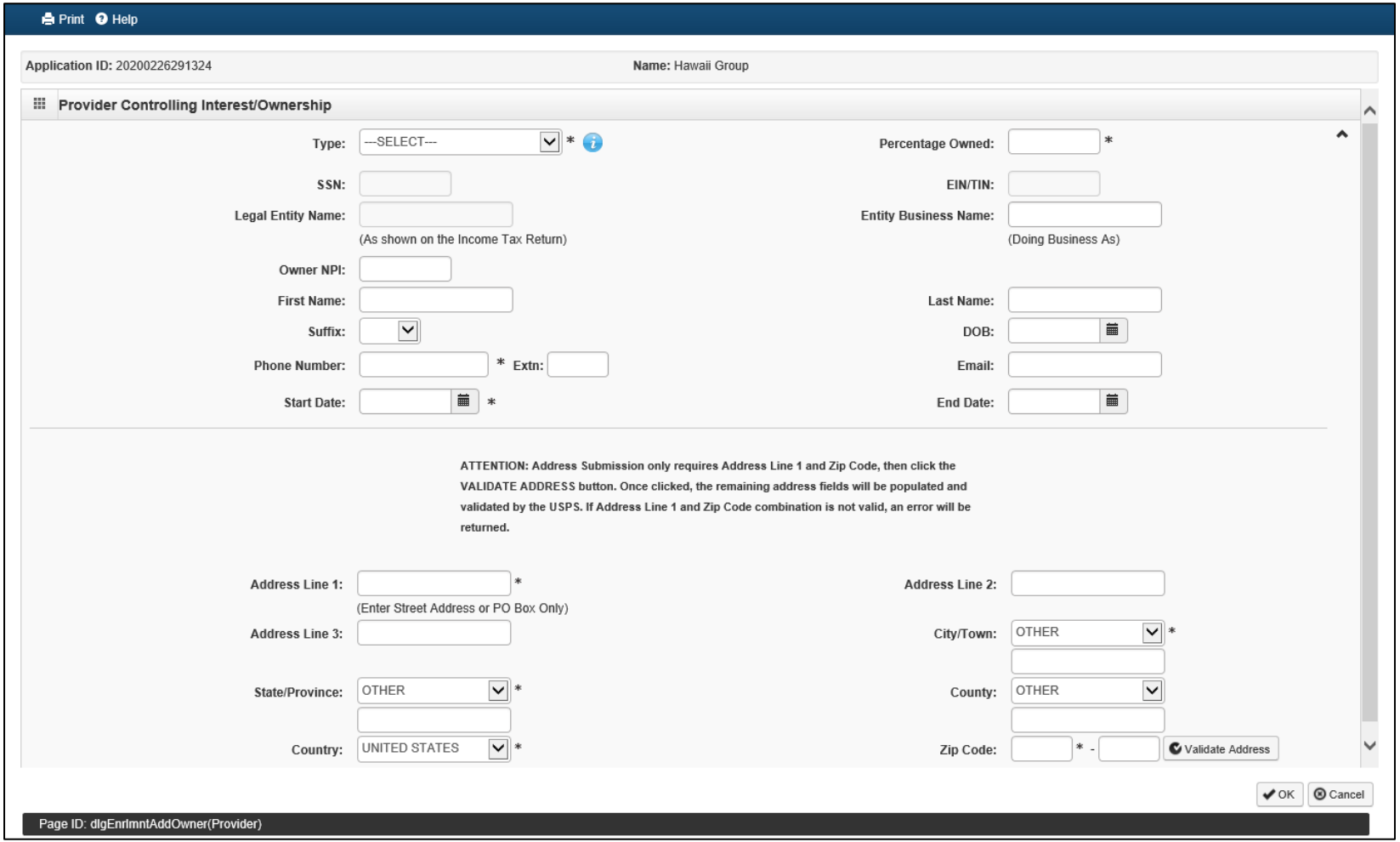
Ownership and Disclosure Information



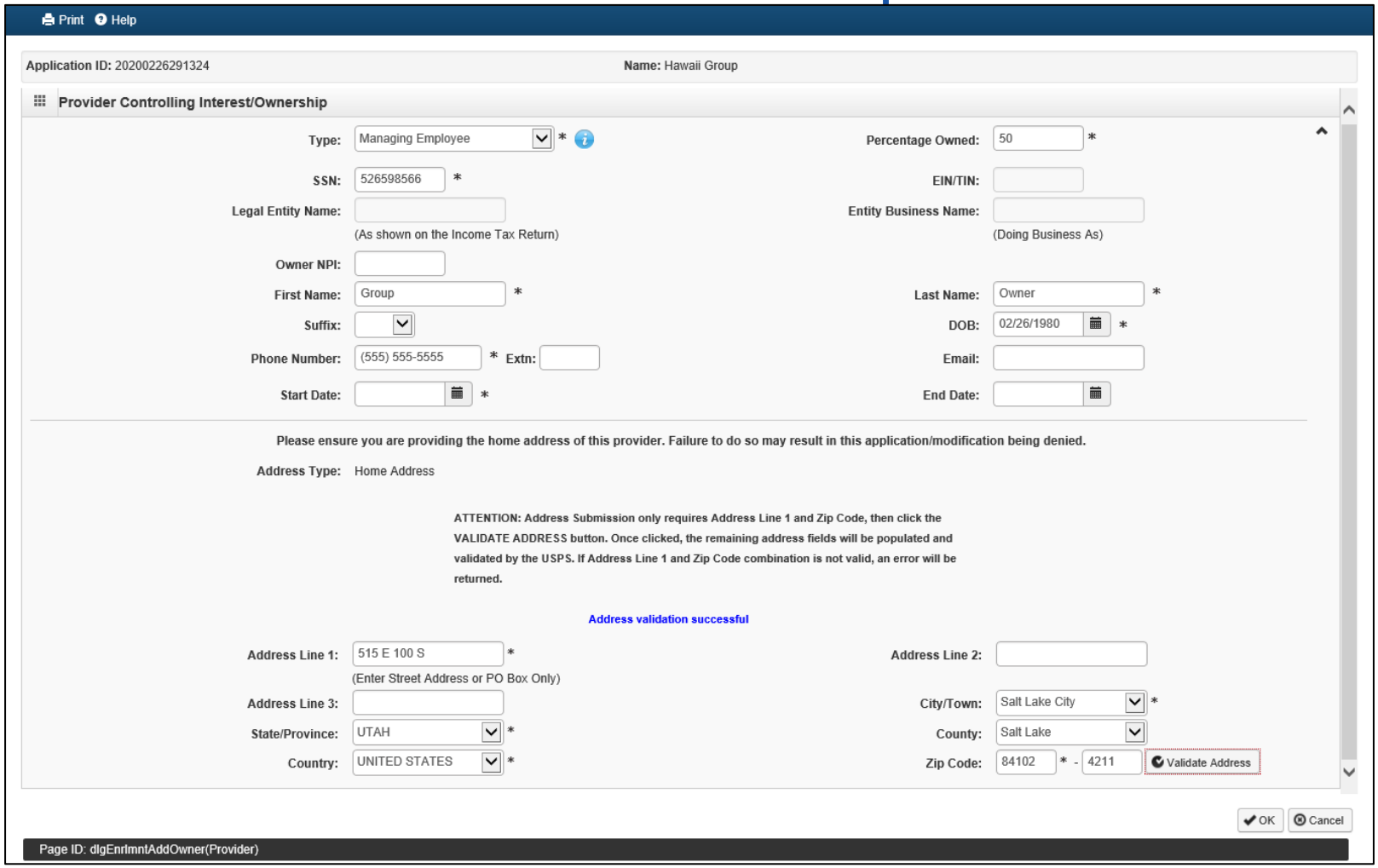
Add Owner



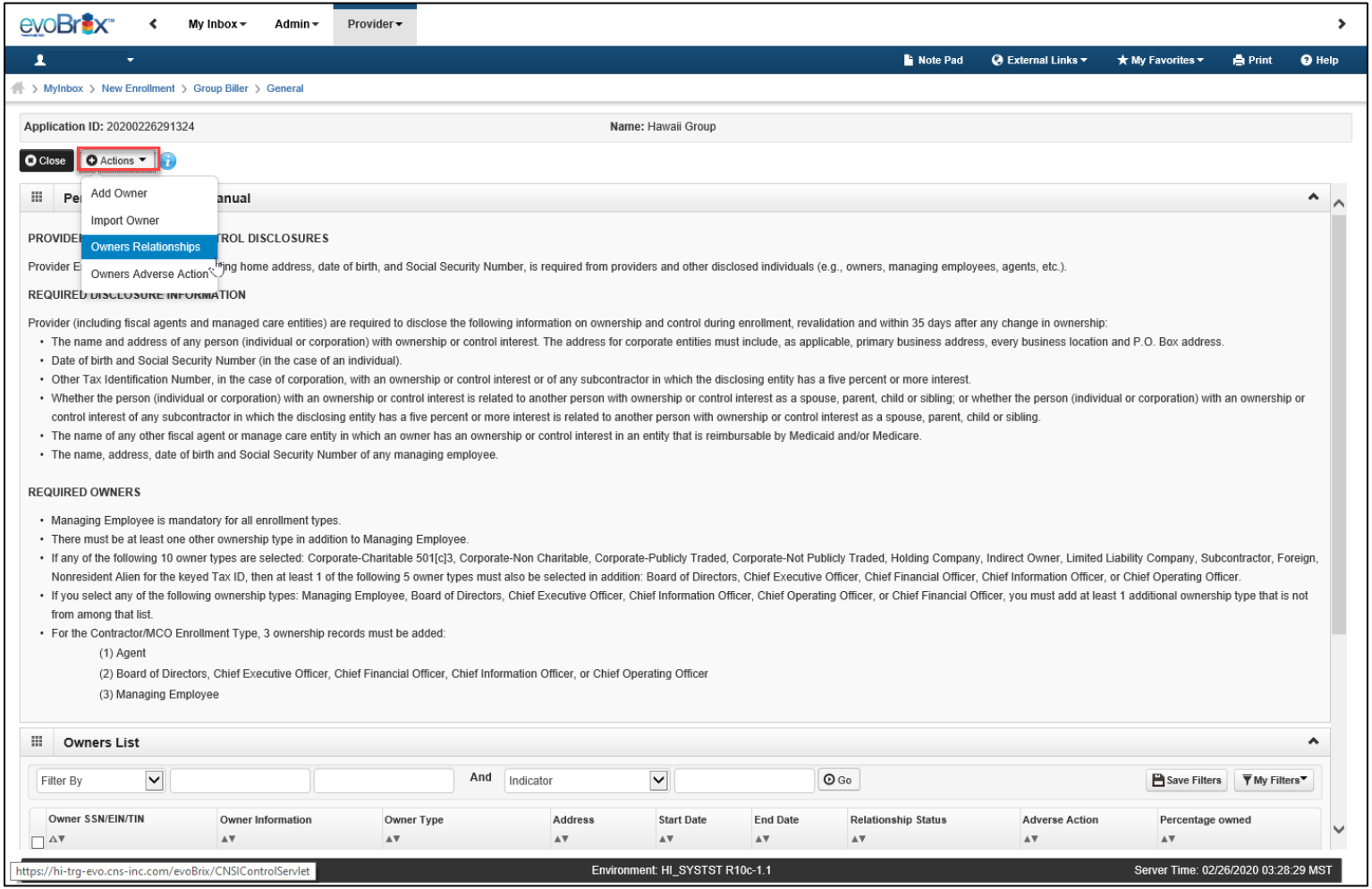
Add Ownership



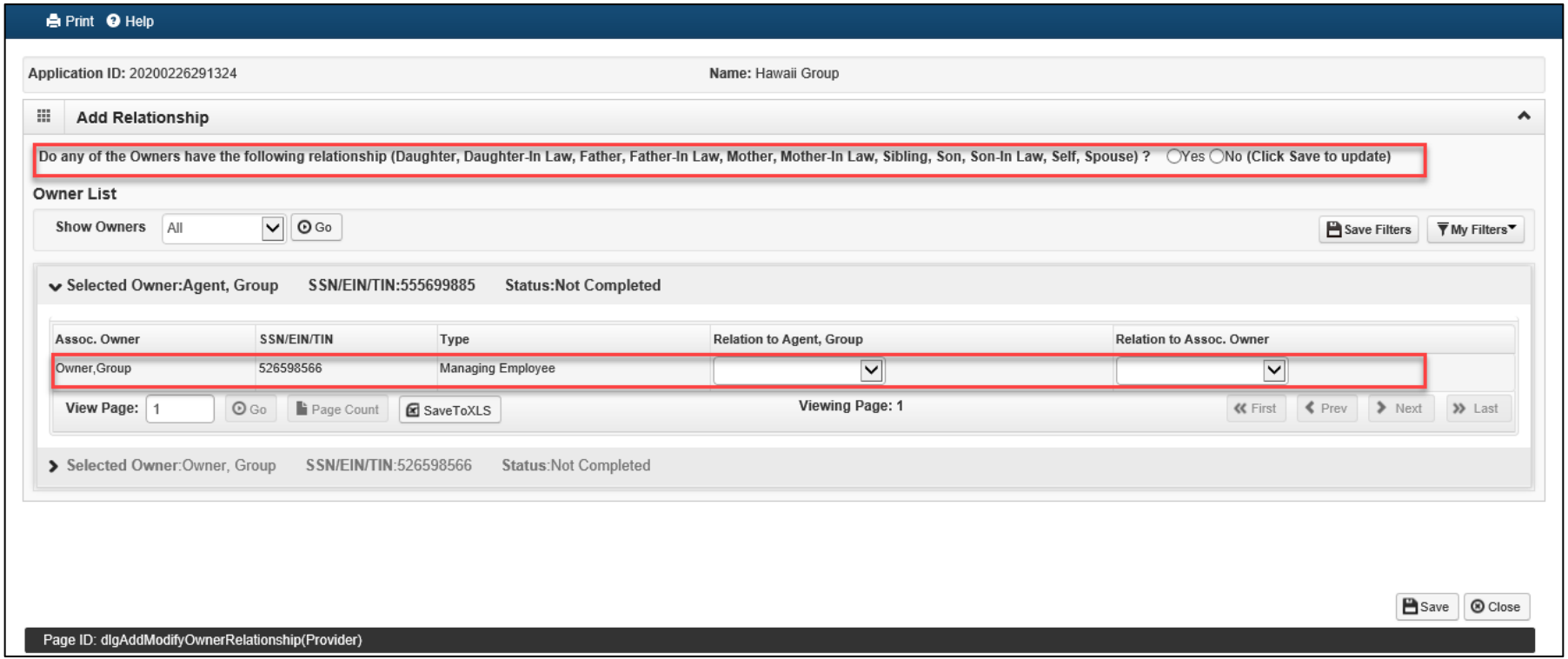
Add Ownership



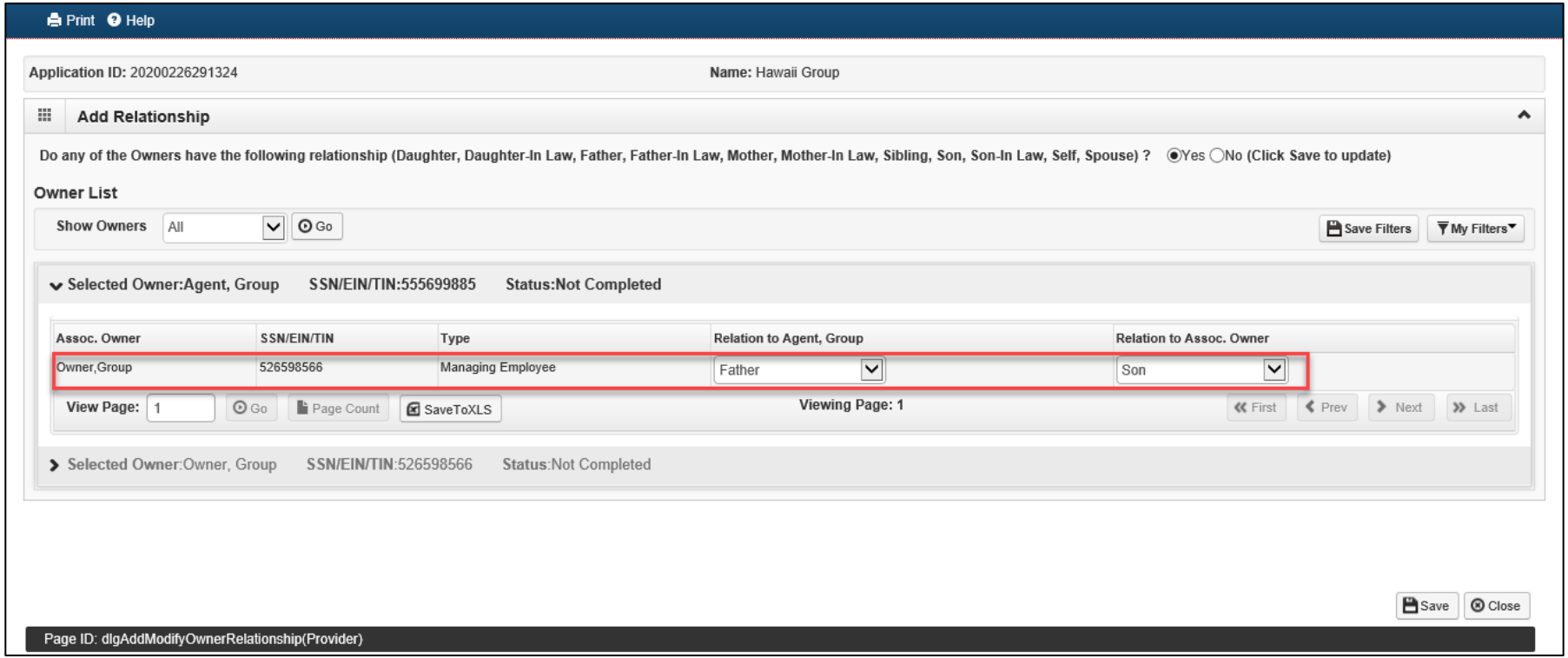
Add Owners Relationship



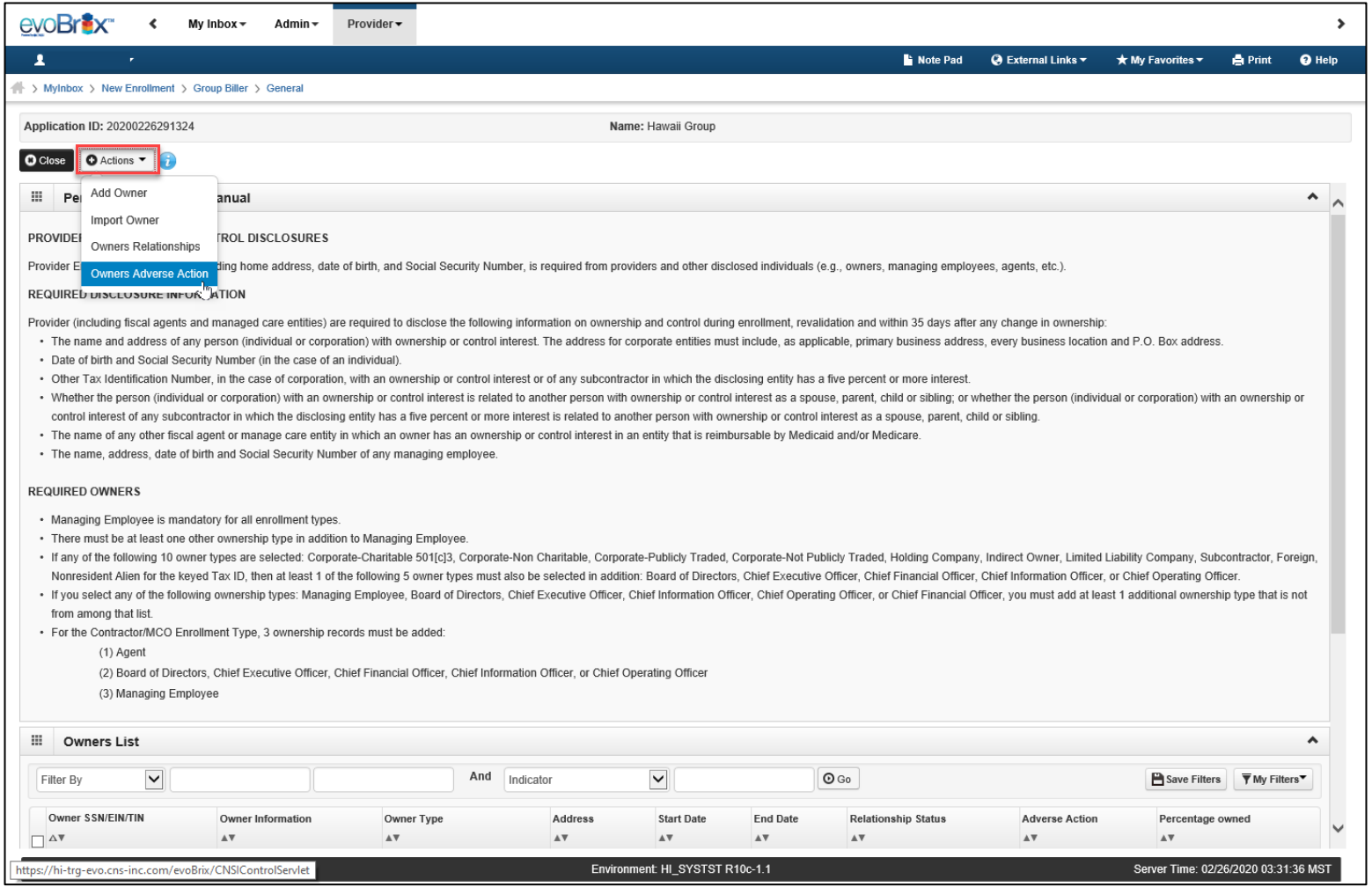
Add Owners Relationship



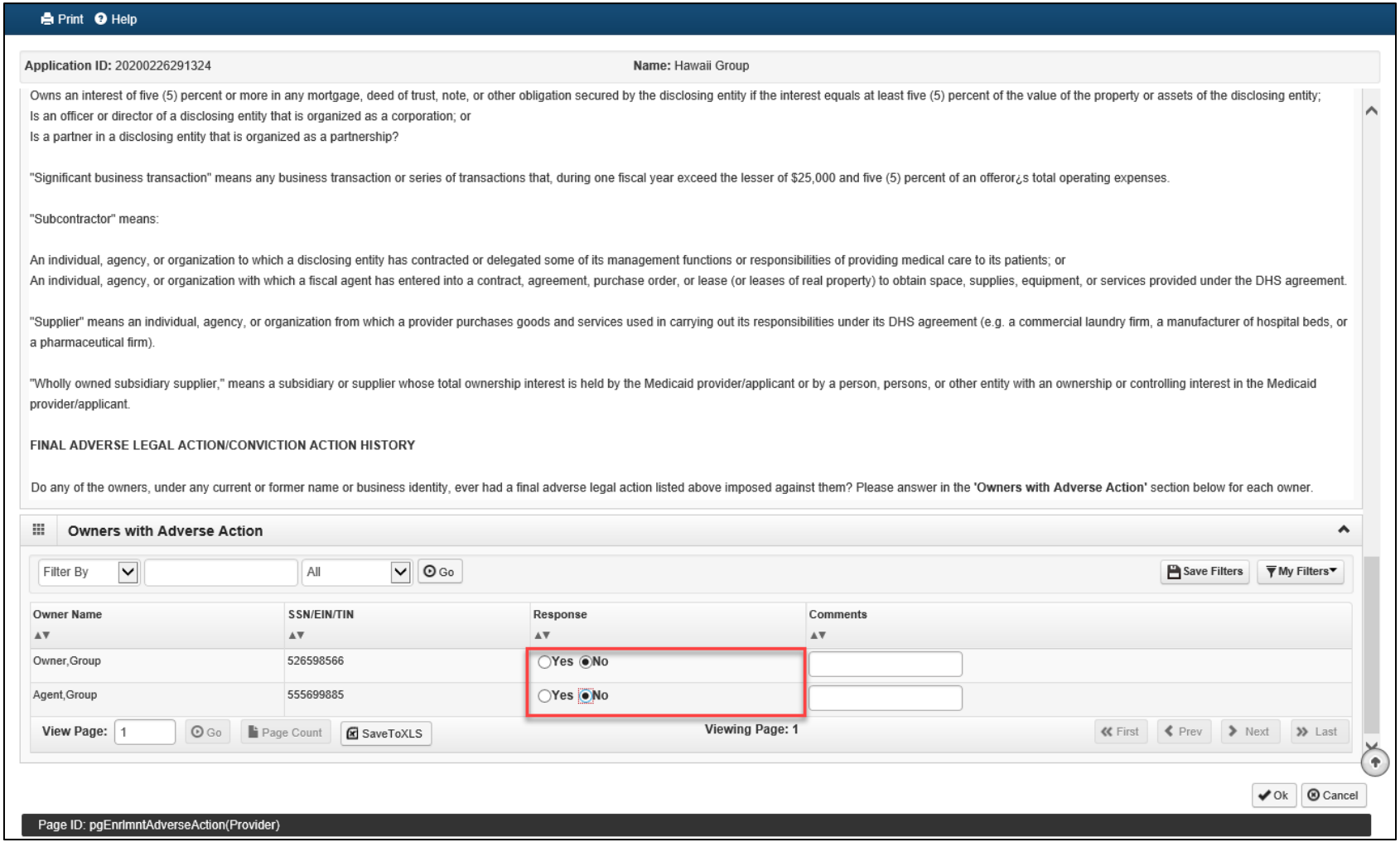
Add Owners Relationship



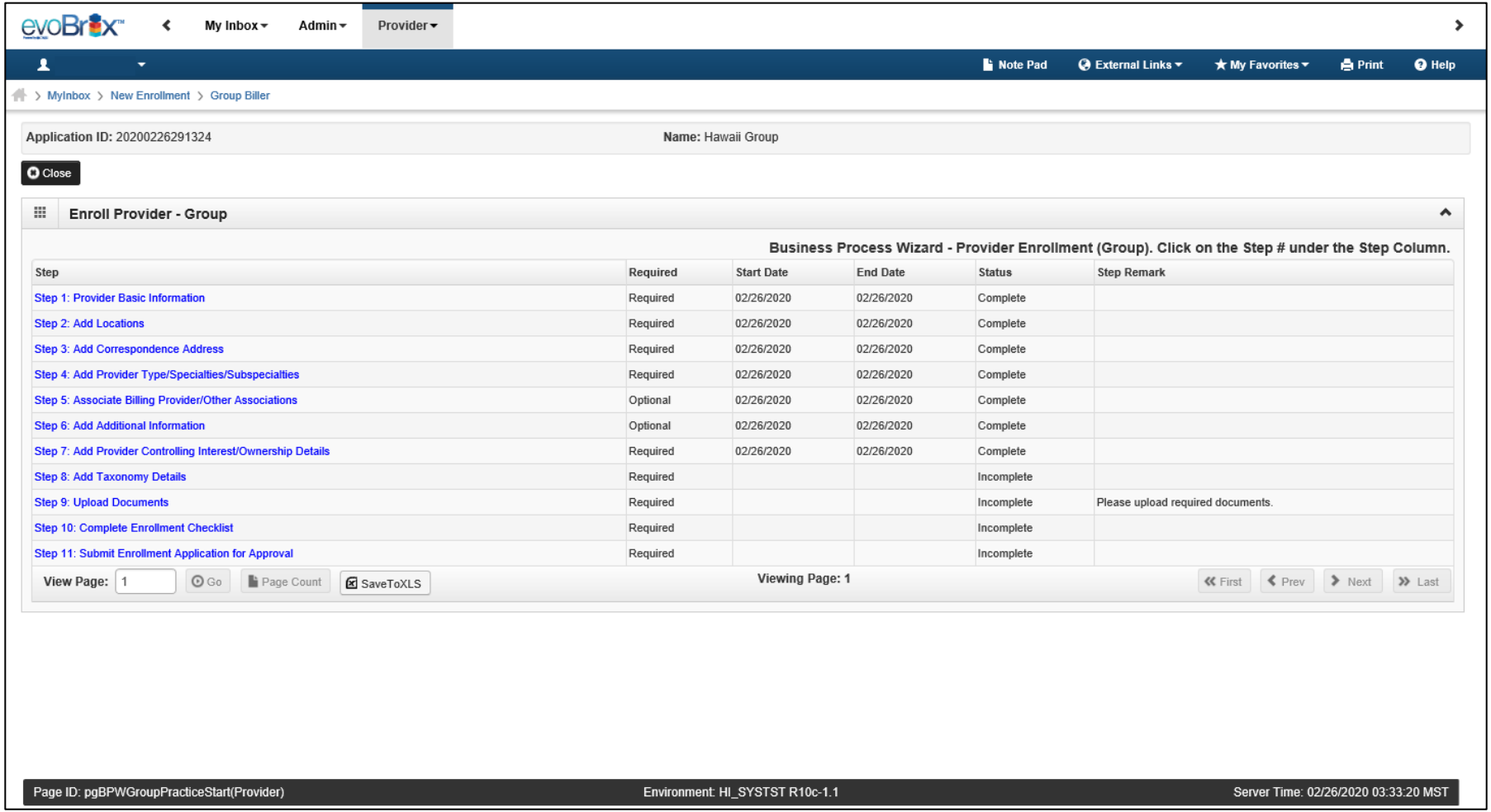
Complete Adverse Actions



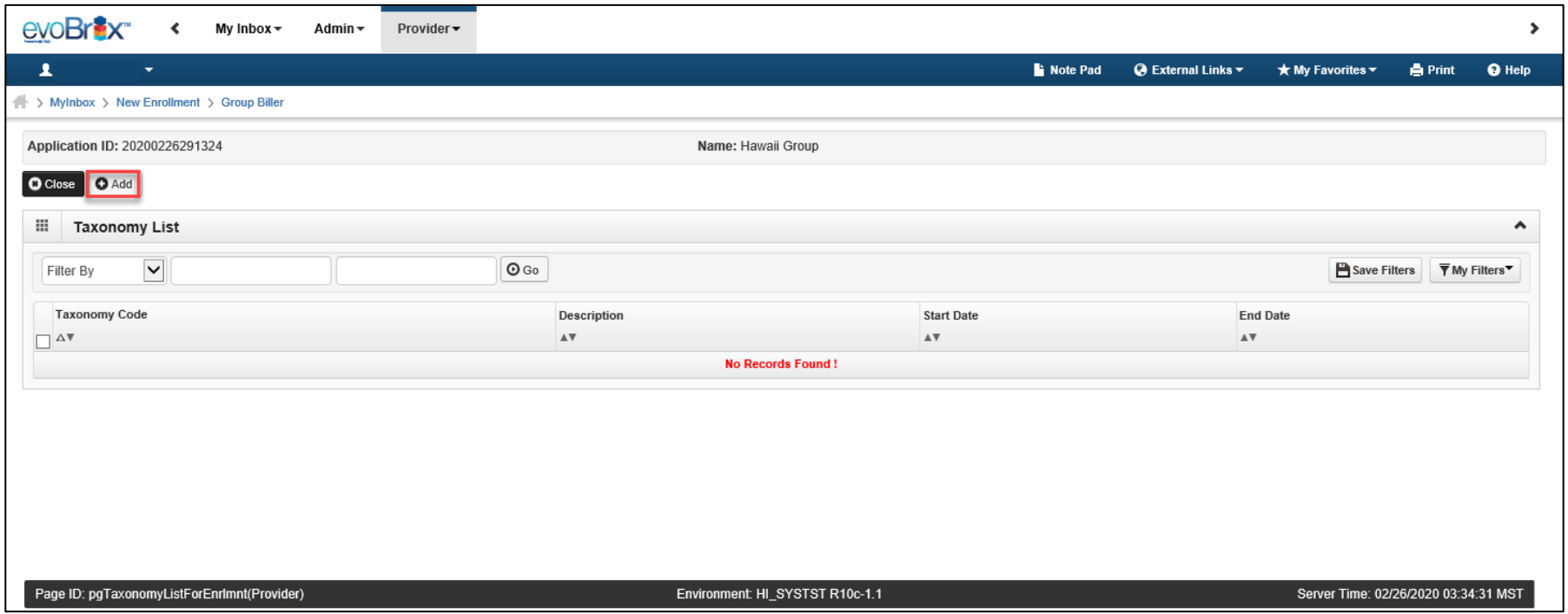
Disclose Adverse Actions



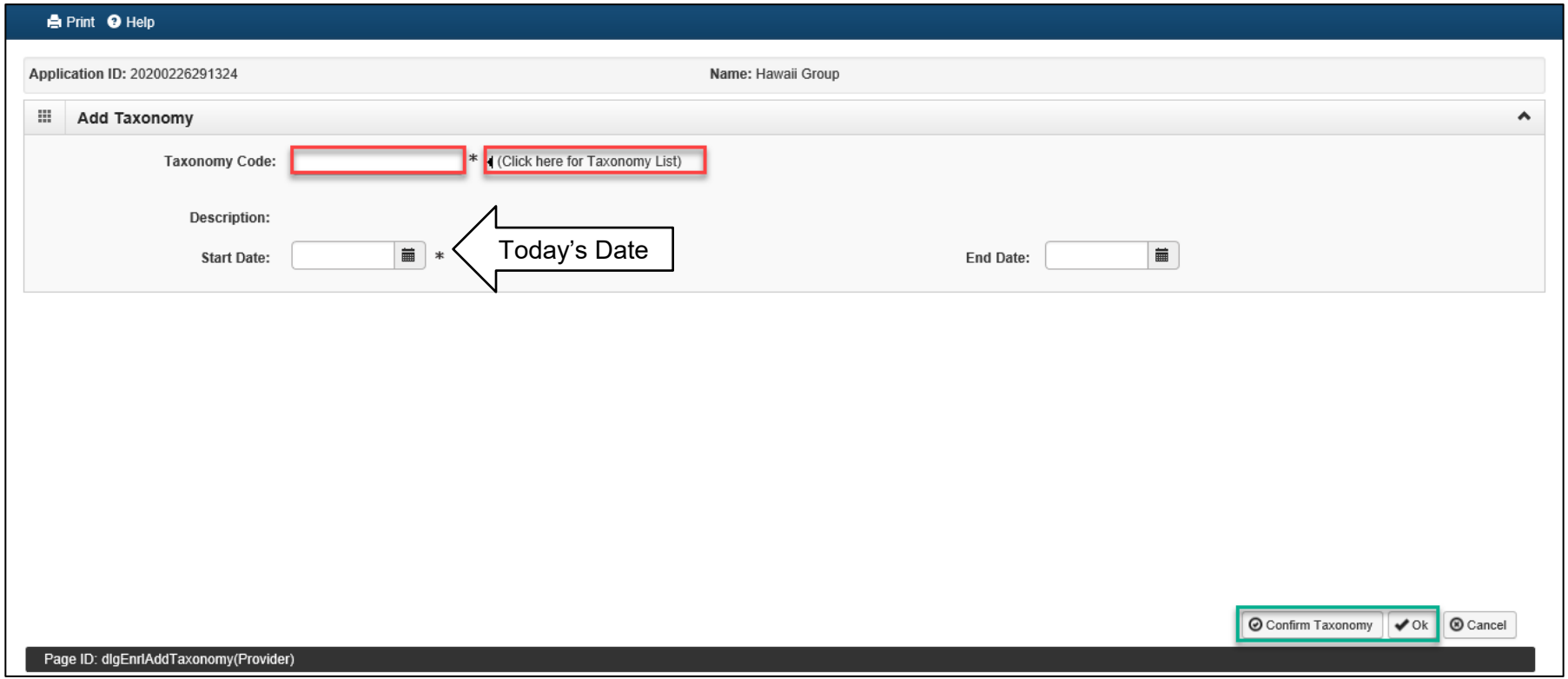
Step 8: Taxonomy Details



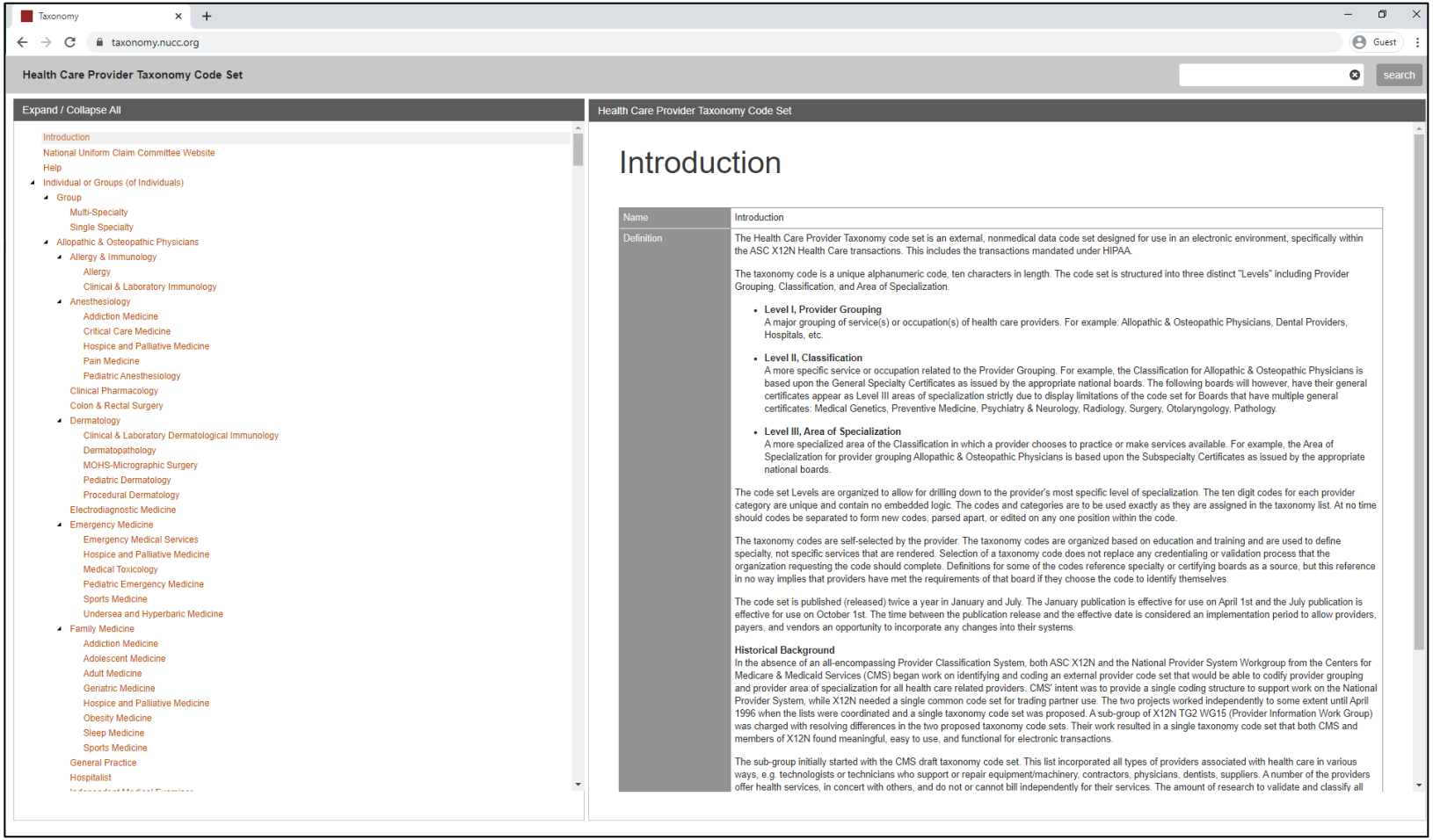
Taxonomy Details



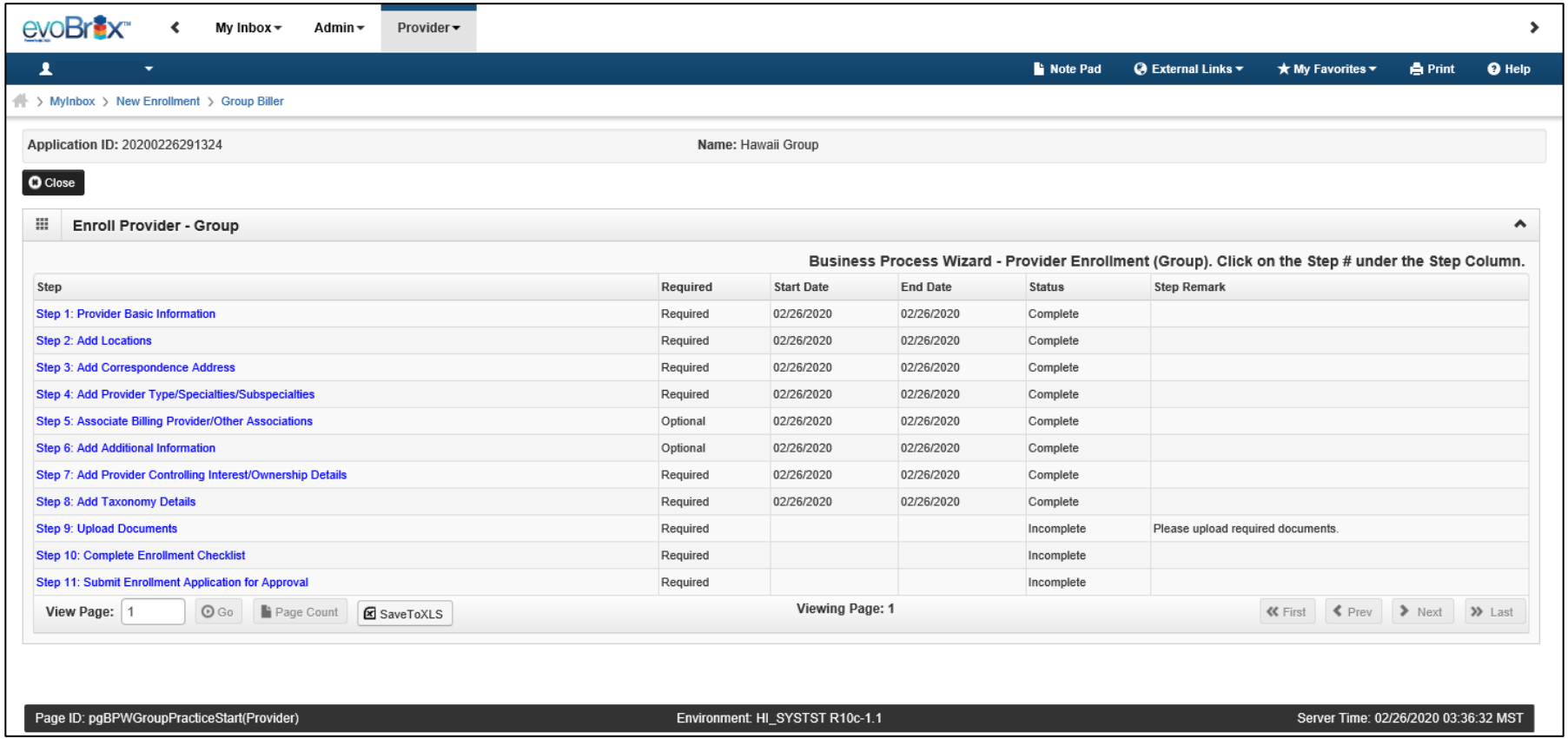
Add Taxonomy



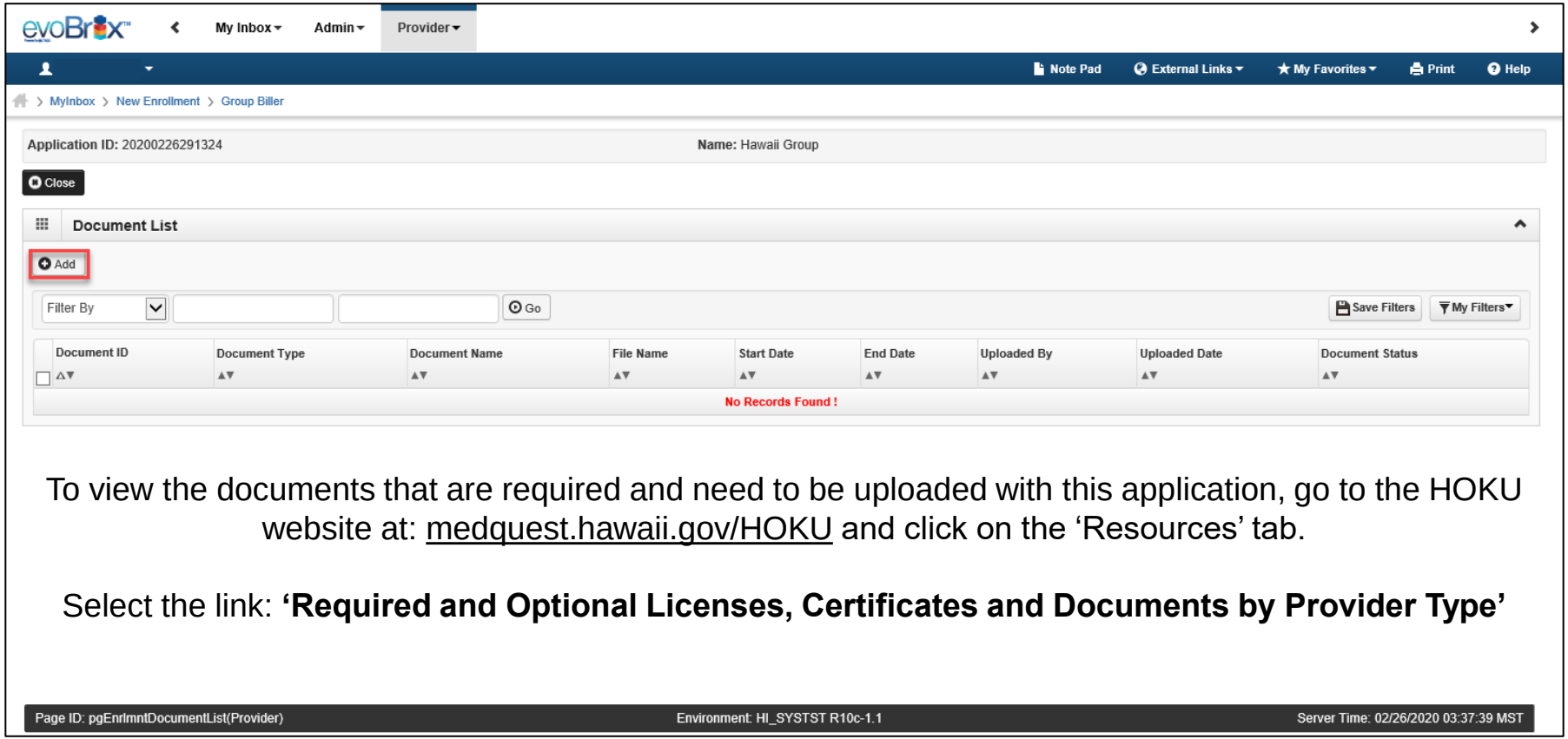
NUCC Taxonomy Code List



Step 9: Upload Documents



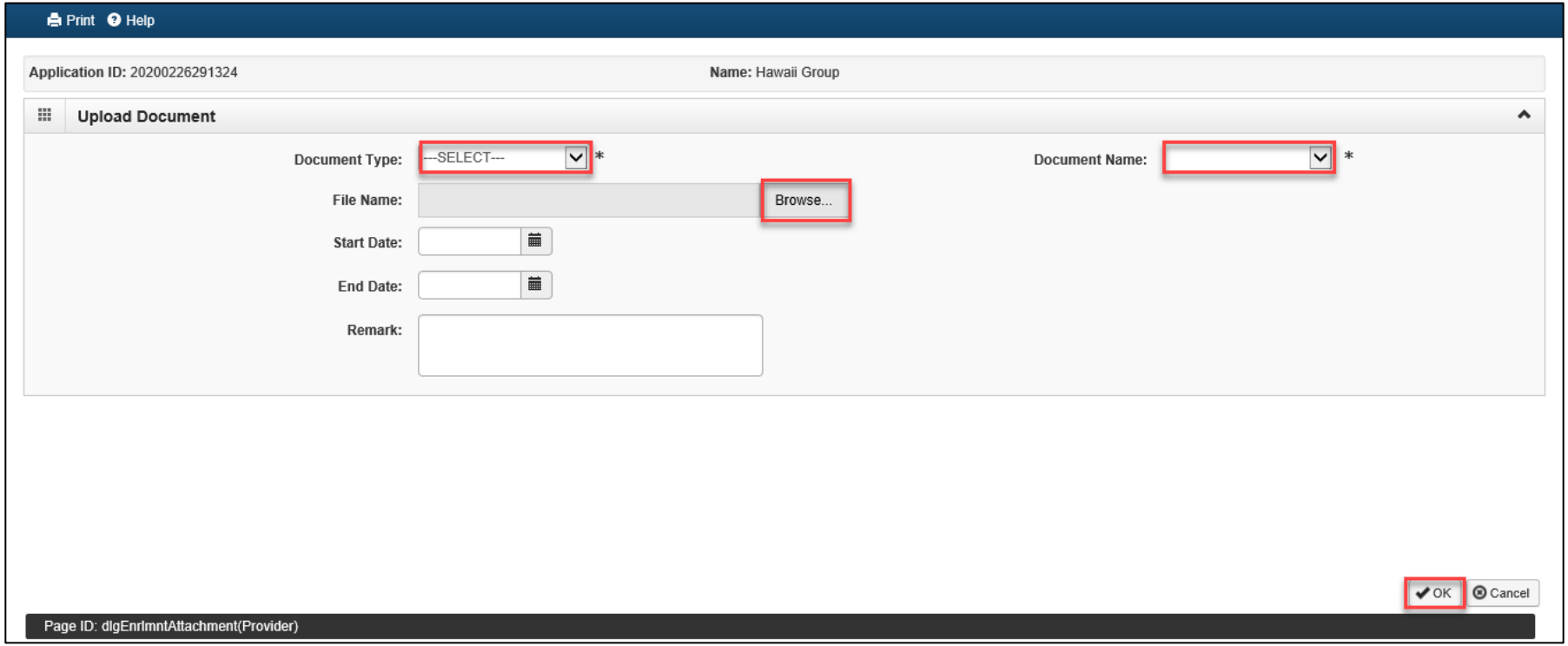
Upload Documents



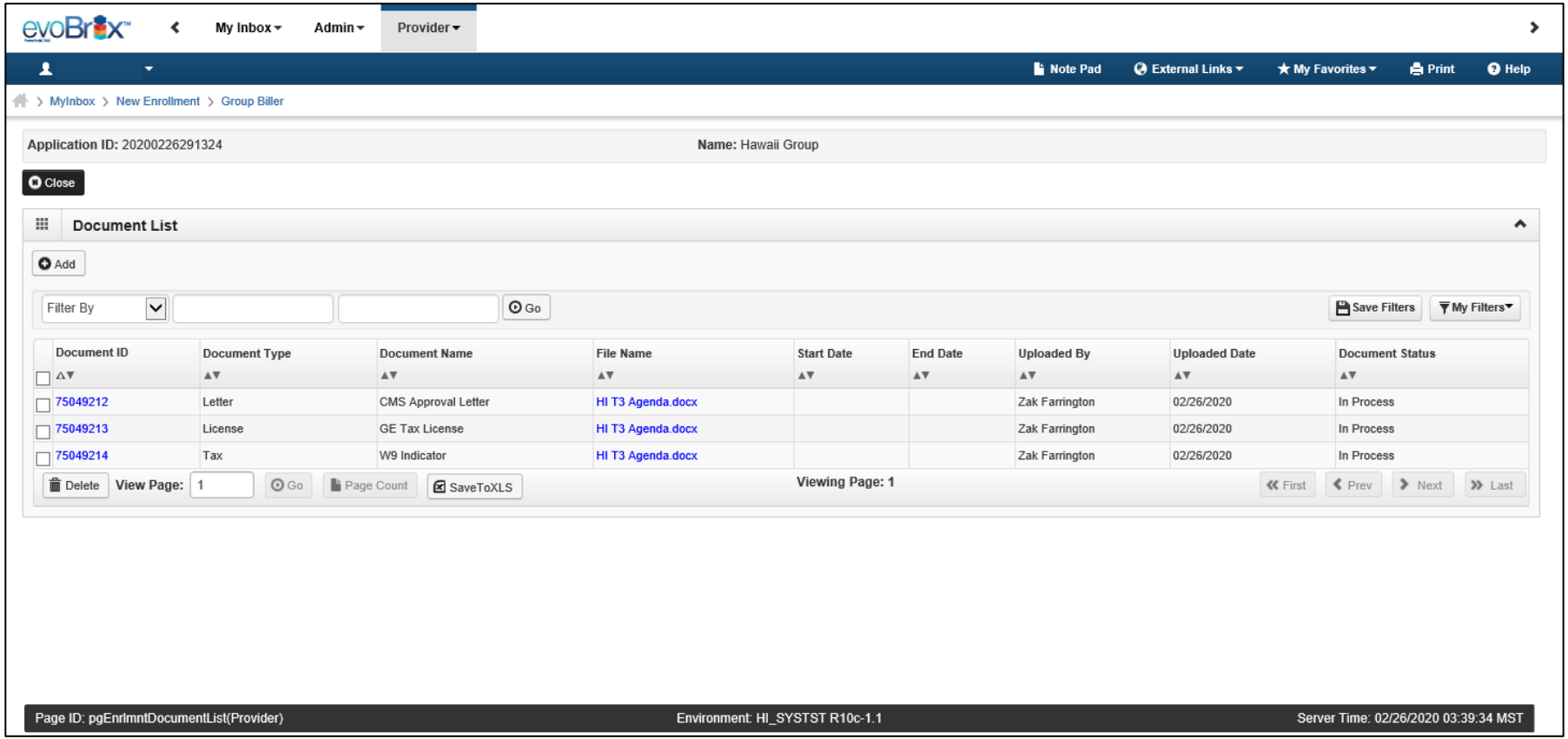
To view the documents that are required and need to be uploaded with this application, go to the HOKU website at: medquest.hawaii.gov/HOKU and click on the 'Resources' tab.

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

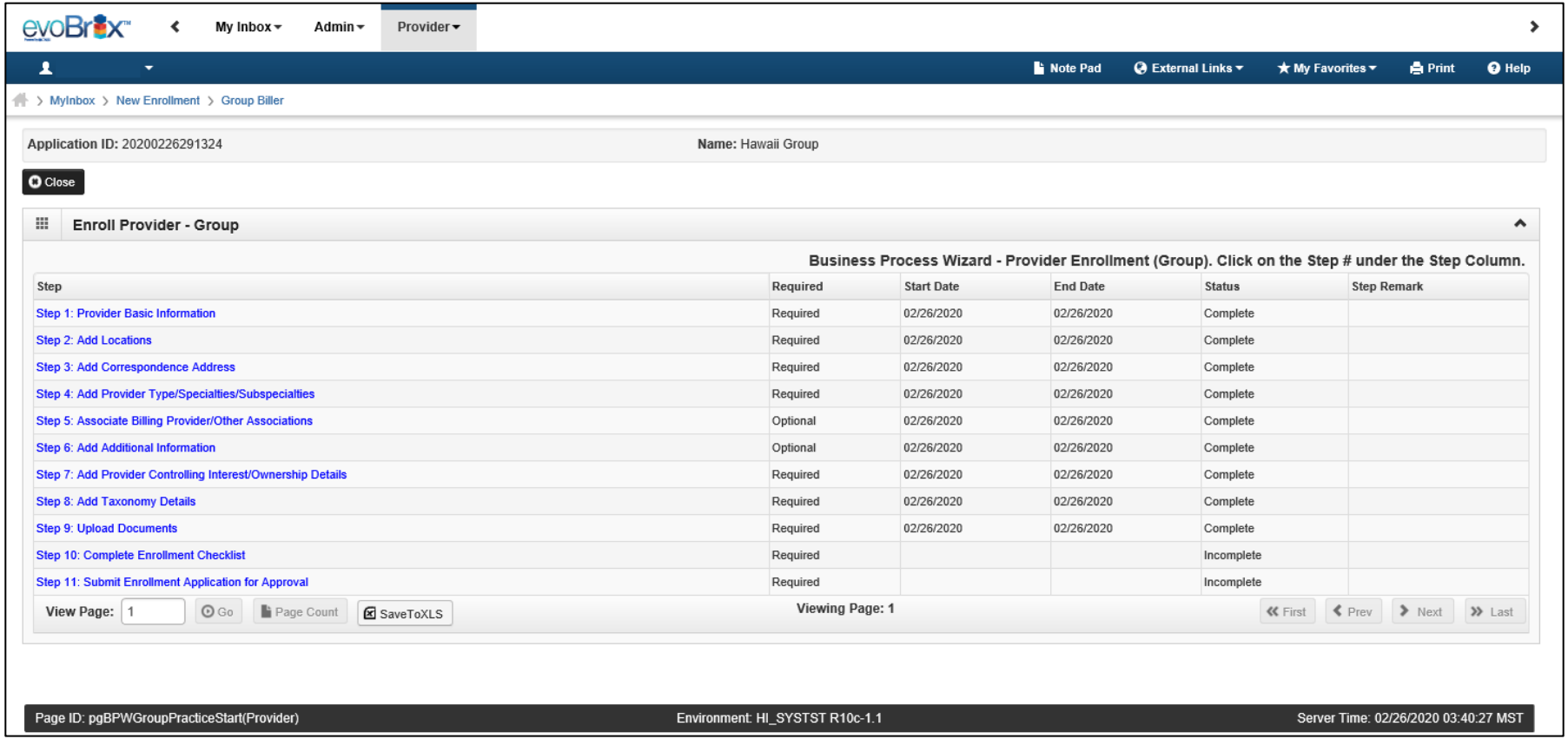
Upload Documents



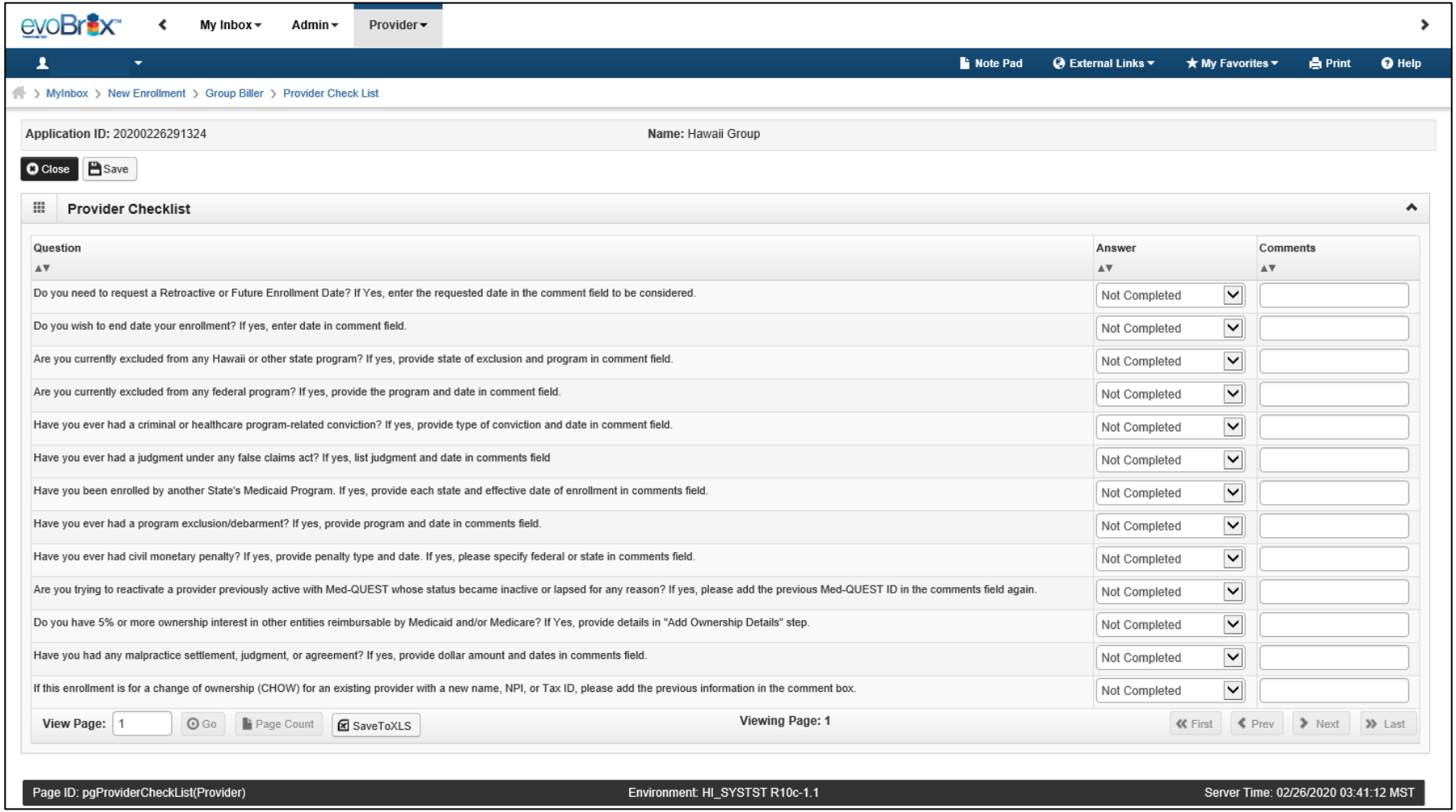
Upload Documents



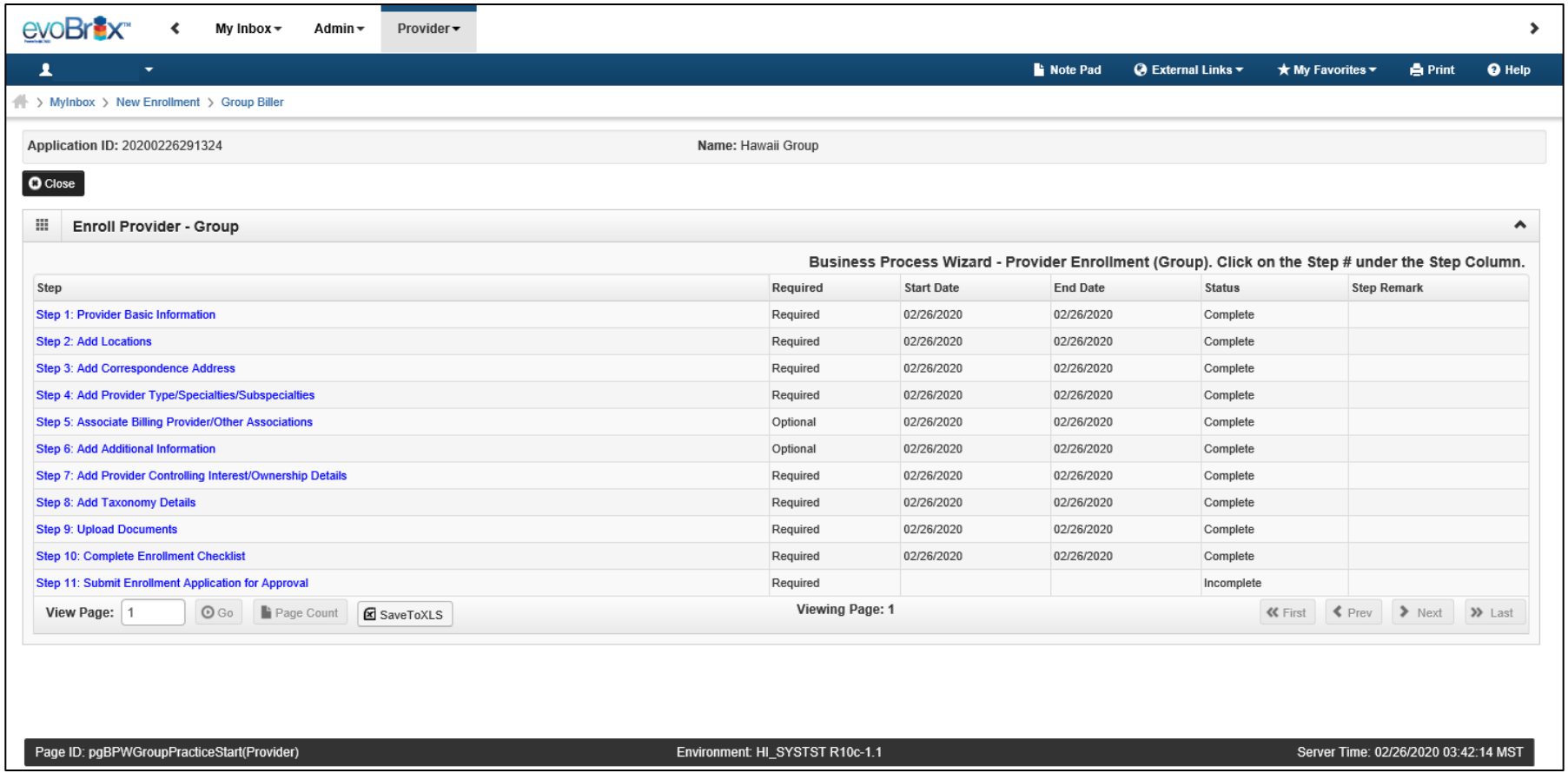
Step 10: Enrollment Checklist



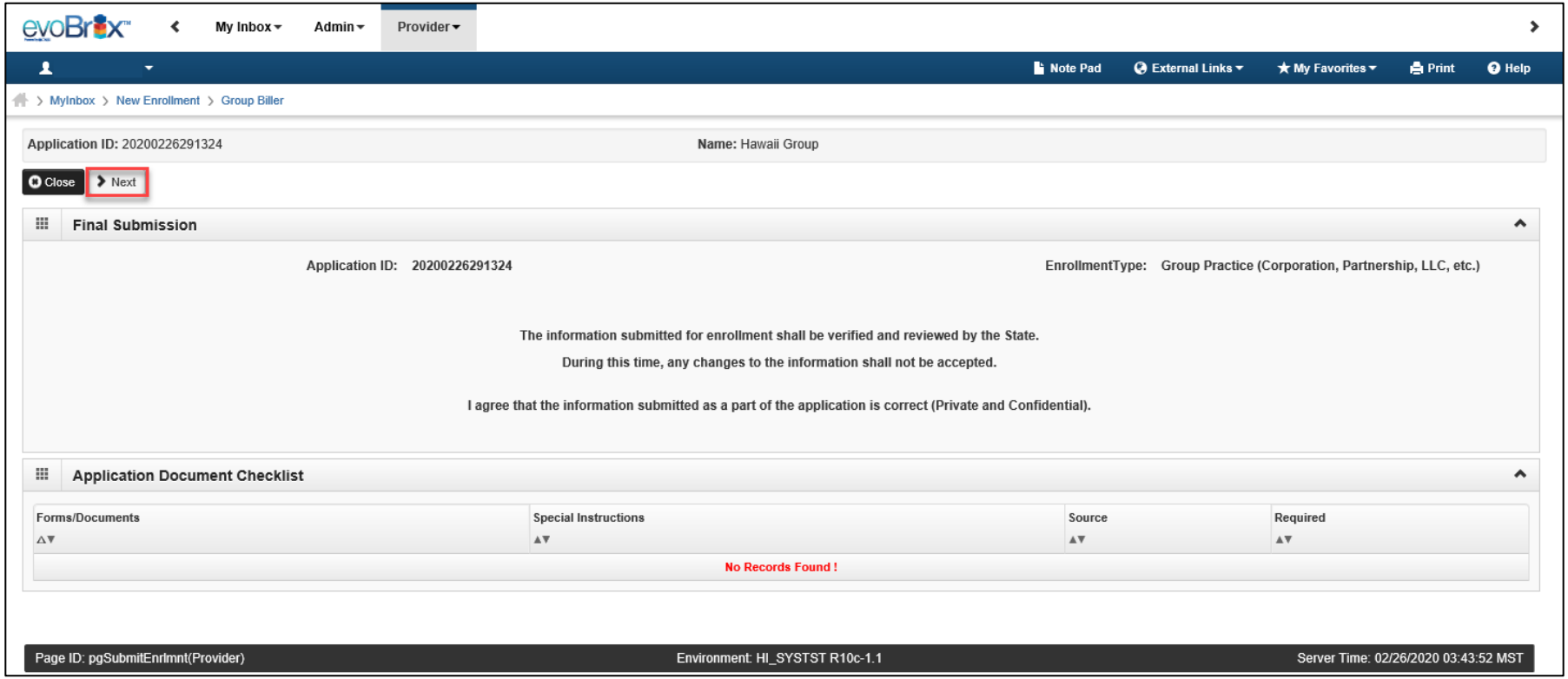
Enrollment Checklist



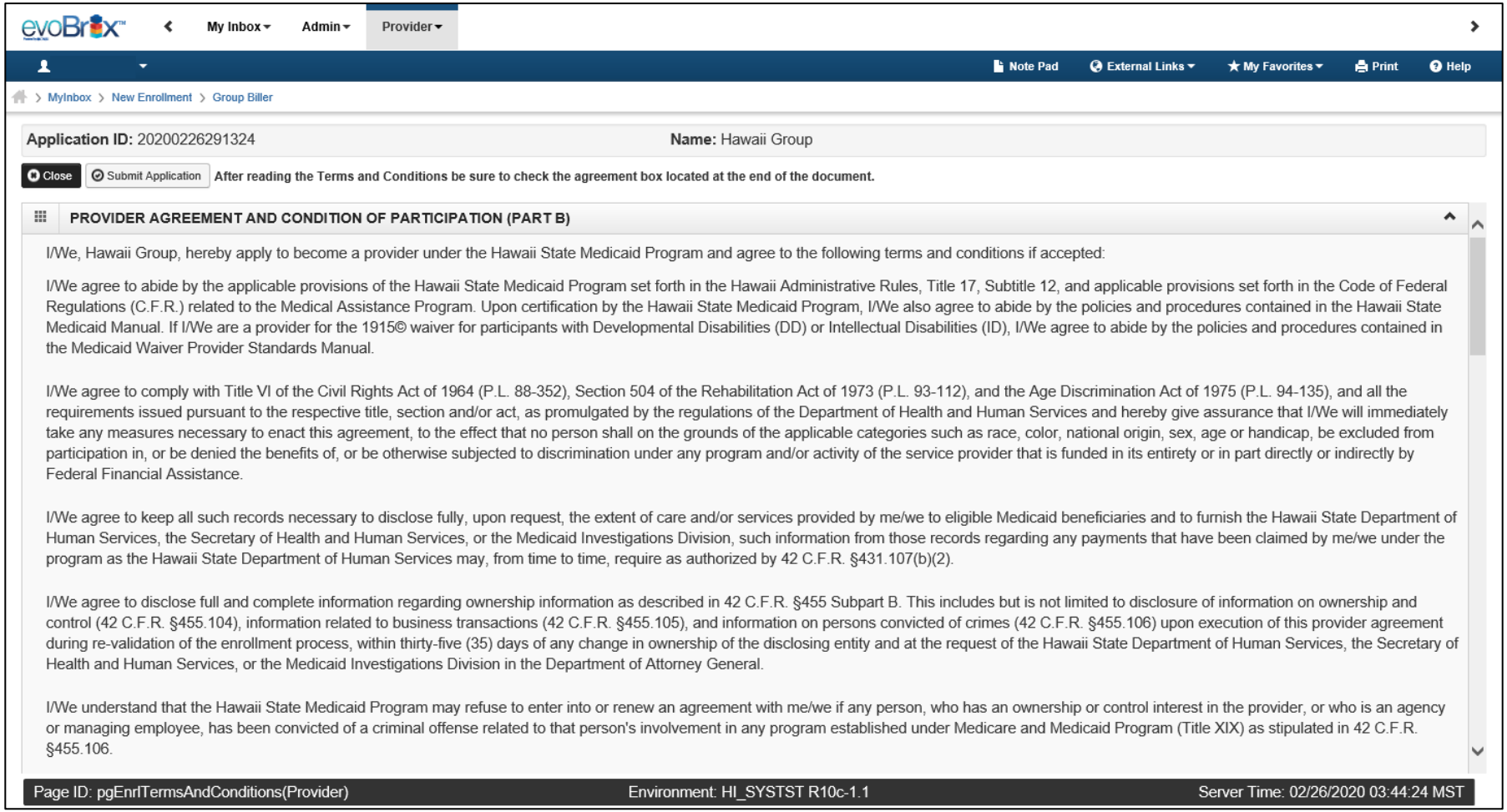
Step 11: Submit Application



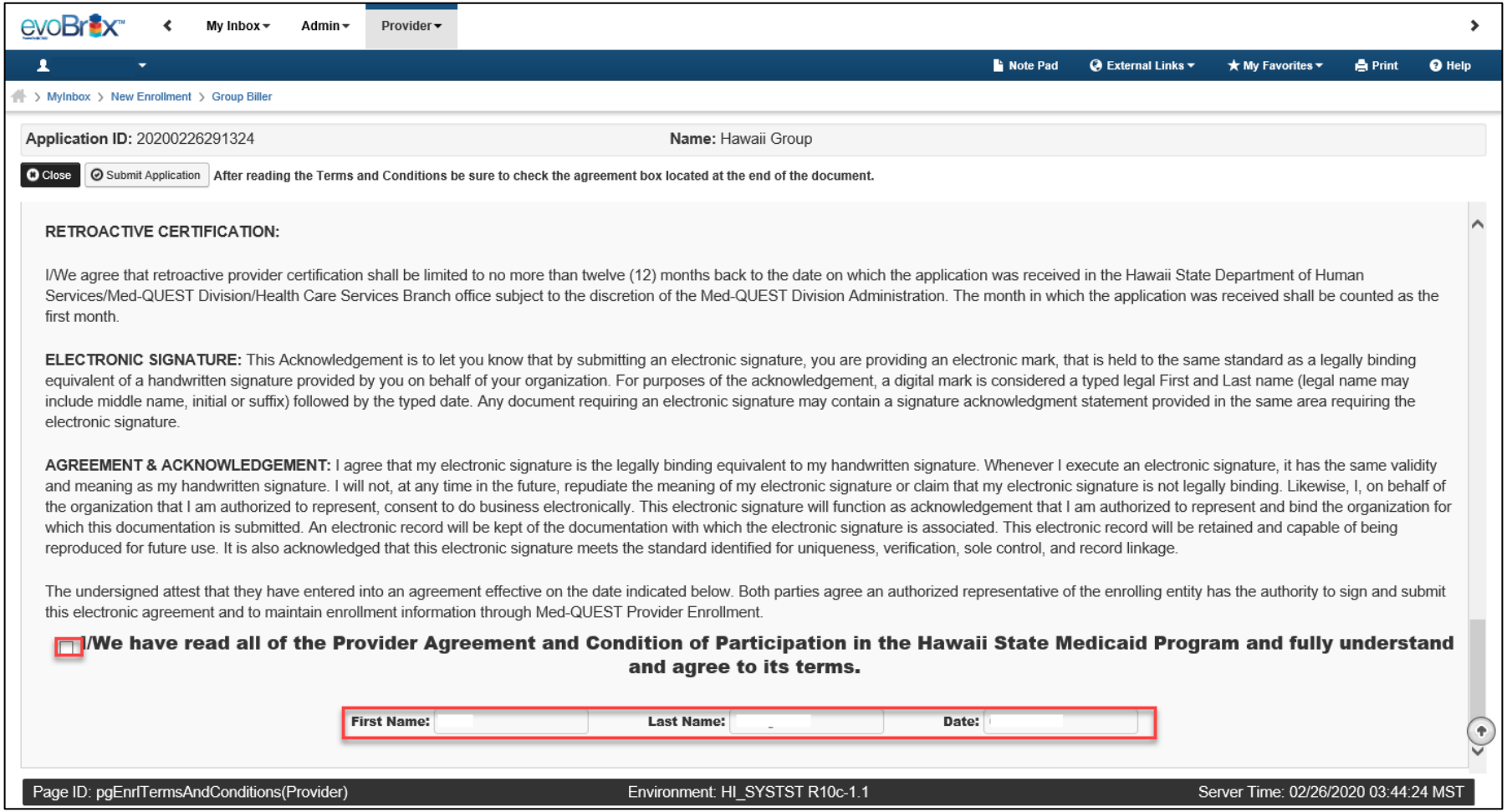
Submit Application



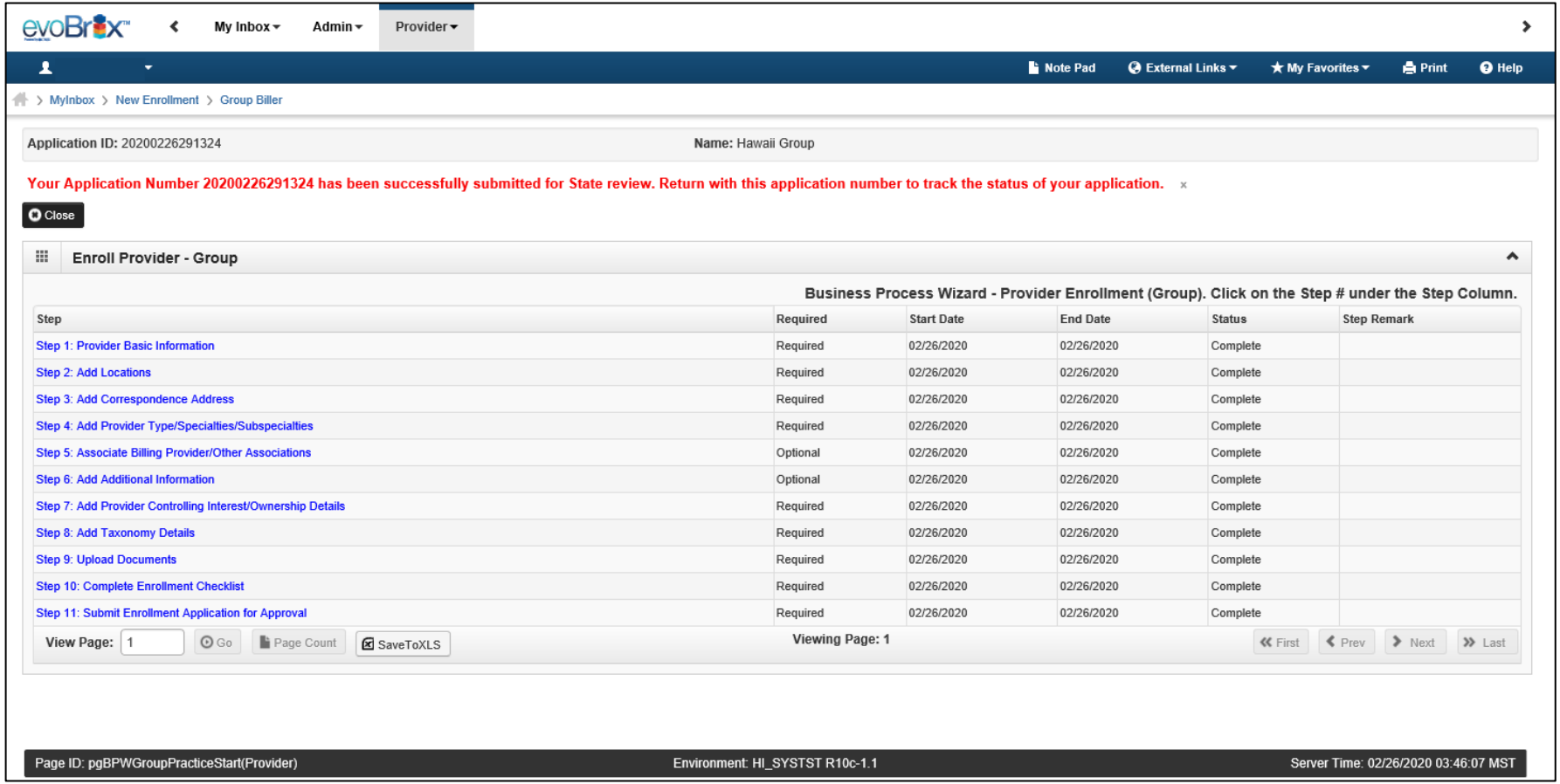
Review Group Biller Participation Agreement



Complete Group Biller Participation Agreement



Submission Complete



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.